

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

APPLICATION OF ENCANA OIL & GAS (USA) INC. FOR APPROVAL OF THE BLANCO WASH UNIT, CREATION OF A NEW POOL FOR HORIZONTAL DEVELOPMENT WITHIN THE UNIT AREA, AND FOR ALLOWANCE OF 330 FOOT SETBACKS FROM THE EXTERIOR OF THE PROPOSED UNIT, SAN JUAN COUNTY, NEW MEXICO.

CASE NO. 15212

AFFIDAVIT

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

Gabrielle A. Gerholt, attorney in fact and authorized representative of Encana Oil & Gas (USA) Inc., the Applicant herein, being first duly sworn, upon oath, states that the above-referenced Application was provided under the notice letter and proof of receipt attached hereto.

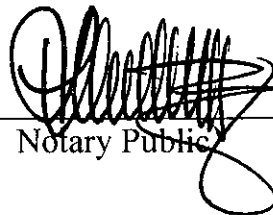


Gabrielle A. Gerholt

SUBSCRIBED AND SWORN to before this 1st day of October 2014 by Gabrielle A. Gerholt.



OFFICIAL SEAL
LISAMARIE ORTIZ
NOTARY PUBLIC-STATE OF NEW MEXICO
My commission expires 01/14/15



Notary Public

BEFORE THE OIL CONSERVATION
DIVISION
Santa Fe, New Mexico
Exhibit No. 4
Submitted by: ENCANA OIL & GAS (USA) INC.
Hearing Date: October 2, 2014

HOLLAND & HART^{LLP}



Michael H. Feldewert
Recognized Specialist in the
Area of Natural Resources - oil
and gas law New Mexico Board
of Legal Specialization
mfeldewert@hollandhart.com

September 12, 2014

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: WORKING INTEREST OWNERS WITHIN THE UNIT

Re: APPLICATION OF ENCANA OIL & GAS (USA) INC. FOR APPROVAL OF THE BLANCO WASH UNIT, CREATION OF A NEW POOL FOR HORIZONTAL DEVELOPMENT WITHIN THE UNIT AREA, AND FOR ALLOWANCE OF 330 FOOT SETBACKS FROM THE EXTERIOR OF THE PROPOSED UNIT, SAN JUAN COUNTY, NEW MEXICO.

Ladies and Gentlemen:

This letter is to advise you that Encana Oil & Gas (USA) Inc. has filed the enclosed application with the New Mexico Oil Conservation Division and requested that this matter be scheduled for hearing before an Examiner on October 2, 2014. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as a Working Interest Owner within the proposed Unit, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date before the Division.

Parties desiring to appear in this case are required by Division Rule 19.15.4.13 NMAC to file a pre-hearing statement on or before 5 p.m. on the Thursday preceding the scheduled hearing date. The prehearing statement must be filed at the Division's Santa Fe office at the above specified address and an additional copy provided to my office. The pre-hearing statement must include: the names of the party and its attorneys; a concise statement of the party's position in the matter; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter, please contact: Mona Binion at Mona.Binion@Encana.com or (720) 876-5325.

Sincerely,

Michael H. Feldewert
ATTORNEYS FOR ENCANA OIL & GAS (USA) INC.

Holland & Hart LLP

Phone [505] 988-4421 Fax [505] 983-6043 www.hollandhart.com

110 North Guadalupe Suite 1 Santa Fe, NM 87501 Mailing Address P.O. Box 2208 Santa Fe, NM 87504-2208

Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ☻

HOLLAND & HART



Michael H. Feldewert
Recognized Specialist in the
Area of Natural Resources - oil
and gas law New Mexico Board
of Legal Specialization
mfeldewert@hollandhart.com

September 12, 2014

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: OFFSETTING INTEREST OWNERS

Re: APPLICATION OF ENCANA OIL & GAS (USA) INC. FOR APPROVAL OF THE BLANCO WASH UNIT, CREATION OF A NEW POOL FOR HORIZONTAL DEVELOPMENT WITHIN THE UNIT AREA, AND FOR ALLOWANCE OF 330 FOOT SETBACKS FROM THE EXTERIOR OF THE PROPOSED UNIT, SAN JUAN COUNTY, NEW MEXICO.

Ladies and Gentlemen:

This letter is to advise you that Encana Oil & Gas (USA) Inc. has filed the enclosed application with the New Mexico Oil Conservation Division and requested that this matter be scheduled for hearing before an Examiner on October 2, 2014. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing; but as an owner of an interest that may be affected by this application, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date.

Parties desiring to appear in this case are required by Division Rule 19.15.4.13 NMAC to file a pre-hearing statement on or before 5 p.m. on the Thursday preceding the scheduled hearing date. The prehearing statement must be filed at the Division's Santa Fe office at the above specified address and an additional copy provided to my office. The pre-hearing statement must include: the names of the party and its attorneys; a concise statement of the party's position in the matter; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter, please contact: Mona Binion at Mona.Binion@Encana.com or (720) 876-5325.

Sincerely,

Michael H. Feldewert
ATTORNEYS FOR ENCANA OIL & GAS (USA) INC.

Holland & Hart LLP

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Aspen Billings Boise Boulder Cheyenne Colorado Springs Denver Denver Tech Center Jackson Hole Salt Lake City Santa Fe Washington, D.C. ♻️



September 12, 2014

VIA CERTIFIED MAIL
RETURN RECEIPT REQUESTED

TO: INDIAN ALLOTTEE MINERAL INTEREST OWNERS

RE: APPLICATION OF ENCANA OIL & GAS (USA) INC. FOR APPROVAL OF THE BLANCO WASH UNIT, CREATION OF A NEW POOL FOR HORIZONTAL DEVELOPMENT WITHIN THE UNIT AREA, AND FOR ALLOWANCE OF 330 FOOT SETBACKS FROM THE EXTERIOR OF THE PROPOSED UNIT, SAN JUAN COUNTY, NEW MEXICO.

Ladies and Gentlemen:

This letter is to advise you that Encana Oil & Gas (USA) Inc. has filed the enclosed application with the New Mexico Oil Conservation Division and requested that this matter be scheduled for hearing before an Examiner on October 2, 2014. The hearing will be held in Porter Hall in the Oil Conservation Division's Santa Fe Offices located at 1220 South Saint Francis Drive, Santa Fe, New Mexico 87505. You are not required to attend this hearing, but as an affected Indian Allottee Mineral Interest Owner within the proposed Unit, you may appear and present testimony. Failure to appear at that time and become a party of record will preclude you from challenging the matter at a later date before the Division.

Parties desiring to appear in this case are required by Division Rule 19.15.4.13 NMAC to file a pre-hearing statement on or before 5 p.m. on the Thursday preceding the scheduled hearing date. The prehearing statement must be filed at the Division's Santa Fe office at the above specified address and an additional copy provided to my office. The pre-hearing statement must include: the names of the party and its attorneys; a concise statement of the party's position in the matter; the names of all witnesses the party will call to testify at the hearing; the approximate time the party will need to present its case; and identification of any procedural matters that are to be resolved prior to the hearing.

If you have any questions about this matter, please contact: Mona Binion at Mona.Binion@Encana.com or (720) 876-5325.

Sincerely,

Michael H. Feldewert

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
WORKING INTEREST OWNERS/OFFSETS
SANTA FE MAILING LIST**

Dugan Production Corp.
709 East Murray Drive
Farmington, NM 87401

David allen Pierce & Maxine
Marcella Pierce Revocable Trust
u/t/a 7/16/1996
P. O. Box 2802
Farmington, NM 87499

Nelson Minerals, LLC
4901 Crestwood Drive
Farmington, NM 87401

Dorl Vamjprm Reemstma
P. O. Box 4140
Farmington, NM 87499

Movest Capital
P. O. Box 2439
Albany, TX 76430

Kennedy Minerals, Ltd
48 Road 6050
Farmington, NM 87401

Grover Family, LP
P. O. Box 3666
Midland, TX 79702

Marilyn F. Menasco Revocable
Trust dated 10/25/1996
7714 Stuebenway
Stockton, CA 95270

Patricia Louise Dorsett Trust
16127 Chasemore Drive
Spring, TX 77379

Virginia F. Zobeck Trust dated
9/1/2008
8003 Wayne Ave.
Lubbock, TX 79424

Larry leon Parish
16127 Chasemore Drive
Spring, TX 77379

The Ninety-Six Corporation
550 West Texace, Ste 1225
Midland, TX 79701

James R. Leeton, Jr.
San Juan Royalty JV-90
P. O. Box 10561
Midland, TX 79702

HDBC Investments, Limited
P. O. Box 12766
Dallas, TX 75225

ELSR, Limited Partnership
8080 N. Central Expressway
Suite 1420, LB #12,
Dallas, TX 75206

Paul Davis, Ltd
P. O. Box 871
Midland, TX 79702

Cooksey Family Trust
4925 Greenville Ave, Box 92
Dallas, TX 75206

Primitive Petroleum, Inc.
4514 Robin Lane
Midland, TX 79707

James H. Essman
P. O. Box 302
Midland, TX 79702

Charles B. Edmiaston
P. O. Box 178
Justiceburg, TX 79330

Dick Holland
1801 West Wall St.
Midland, TX 79702

Janice P. Campbell
P. O. Box 2503
Midland, TX 79702

Mary L. Herrold Revocable Trust
dated 1/7/1992 & Donald E. Herrold
Revocable Trust dated 1/7/1992
6748 South Atlantic Place
Tulsa, OK 74136

Icon Petroleum, Inc.
1411 West Illinois Ave.
Midland, TX 79701

Kevin K. Leonard
P. O. Box 50642
Midland, TX 79710

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BLANCO WASH UNIT
WORKING INTEREST OWNERS/OFFSETS
SANTA FE MAILING LIST**

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KIRTLAND, NM 87417

DANNY WERITO SR
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ROSE B SANCHEZ
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ERNEST VICTOR
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IDA WERITO BENALLY
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**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
WORKING INTEREST OWNERS/OFFSETS
SANTA FE MAILING LIST**

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ELAINE BETONI
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ARLANA R UPSHAW
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FRUITLAND, NM 87416

SHANE MITCHELL MASON
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**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
WORKING INTEREST OWNERS/OFFSETS
SANTA FE MAILING LIST**

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KAYENTA, AZ 86033

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LINDA HOGUE
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SANDY JACQUEZ
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VIGIL, PARENT OF RAYLENE
ROSE UPSHAW
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PARENT OF SHAYLA S BEGAY
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**ENCANA OIL & GAS (USA) INC.
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CURLEY, ERIC CASEY
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HACEESA, ROLINDA L
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HACEESA, ROLINDA L
PO BOX 188
NAGEEZI, NM 87037

HACEESA, RONNIE A
PO BOX 188
NAGEEZI, NM 87037

HACEESA, RONNIE A
PO BOX 188
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**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
SANTA FE MAILING LIST**

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HARRISON, SARAH
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LEVATO, CALVIN
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LEVATO, WENDELL L
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LEWIS, ROBINSON
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CUBA, NM 87013

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C/O THOMAS SYLVESTER
PO BOX 636
DULCE, NM 87528

SYLVESTER SR, CHARLES H
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NAGEEZI, NM 87037

SYLVESTER, MOANA M
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KIRTLAND, NM 87417

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
SANTA FE MAILING LIST**

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BOX 10
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THOMPSON, TAMERA A
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WERITO, RUBY
PO BOX 42
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WERO, JANE M
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BLOOMFIELD, NM 87413

WILLIE ESTATE, AUDREY
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WILLIE, IRA M
758 STAGECOACH TRL
DURANGO, CO 81301-8468

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BLOOMFIELD, NM 87413

YAZZIE, SHARON A
PO BOX 1654
BLOOMFIELD, NM 87413

YAZZIE, VICTORIA A
PO BOX 4012
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**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

AGUILAR, NANCY
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RUIDOSO DOWNS, NM 88346

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BLANCO WASH UNIT
DENVER MAILING LIST**

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PO BOX 23
NAGEEZI, NM 87037

BEGAY, ANNIE I
1919 W TARRANT RD
APT 515
GRAND PRAIRIE, TX 75050

BEGAY, BERNADINE N
BOX 2213
BLOOMFIELD, NM 87413

BEGAY, CALVIN J
#10 CR 6116
KIRTLAND, NM 87417

BEGAY, CLAUDIA R
PO BOX 4218
SHIPROCK, NM 87420

BEGAY, CORDELIA F
PO BOX 3004
SHIPROCK, NM 87420

BEGAY, ELLA N
6073 CR 213
DURANGO, CO 81301

BEGAY, ELRINA
10 CR 6116
KIRTLAND, NM 87417

BEGAY, EMERSON N
PO BOX 921
AZTEC, NM 87410

BEGAY, ERNEST
PO BOX 5095
FARMINGTON, NM 87499

BEGAY, ERNESTINE
PO BOX 5095
FARMINGTON, NM 87401

BEGAY, ERNIE
5860 TOWER RD APT 3
GREENDALE, WI 53129

BEGAY, ERWIN N
PO BOX 921
AZTEC, NM 87410

BEGAY, EVA N
PO BOX 921
AZTEC, NM 87410

BEGAY, GENE T
PO BOX 296
NAGEEZI, NM 87037

BEGAY, HAROLD N
PO BOX 921
AZTEC, NM 87410

BEGAY, HARRISON
C/O EASTERN NAVAJO AGENCY
PO BOX 328
CROWNPOINT, NM 87313

BEGAY, IRENE E
10 ROAD 5581
FARMINGTON, NM 87401

BEGAY, JACQUELINE N
PO BOX 403
FARMINGTON, NM 87499

BEGAY, LEROY
PO BOX 1309
CROWNPOINT, NM 87313

BEGAY, LILLIAN
PO BOX 5095
FARMINGTON, NM 87499

BEGAY, LINDA N
PO BOX 1532
BLOOMFIELD, NM 87413

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

BETONE, VERNE L
PO BOX 243
NAGEEZI, NM 87037

BETONI, BYRON
412 MOORE STREET
BLOOMFIELD, NM 87413

BETONI, DAVID M
PO BOX 283
NAGEEZI, NM 87037

BETONI, EUGENE
PO BOX 354
NAGEEZI, NM 87037

BETONI, JOHN
PO BOX 134
NAGEEZI, NM 87037

BETONI, JOHNNY W
PO BOX 295
NAGEEZI, NM 87037

BETONI, JUAN E
PO BOX 38
NAGEEZI, NM 87037

BETONI, LEROY J
PO BOX 1192
KIRTLAND, NM 87417

BETONI, RANDALL L
14 ROAD 5150, NBU 1003 34
BLOOMFIELD, NM 87413

BETONI, RONNIE J
818 E MAIN #94
FARMINGTON, NM 87401

BEYALE JR, IKE
PO BOX 1331
TOHATCHI, NM 87325

BEYALE, CARLADIA F
PO BOX 993
FRUITLAND, NM 87416

BEYALE, DURWIN I
PO BOX 982
FRUITLAND, NM 87416

BEYALE, IRENE
PO BOX 1643
FRUITLAND, NM 87416

BEYALE, IRVIN R
27705 HWY 184
DOLORES, CO 81323

BEYALE, SHAWNDA
PO BOX 1113
FRUITLAND, NM 87416

BEYALE, VALVEN D
POST OFFICE BOX 3685
FARMINGTON, NM 87499

BIA, DARLENE
772 HOPE AVE
FARMINGTON, NM 87401

BINALLI, DOROTHY HARRISON
2011 TROY KING RD
TRLR 200
FARMINGTON, NM 87401

BISILLY, JANE
PO BOX 2164
BLOOMFIELD, NM 87413

BLACKIE ESTATE, JOE
PO BOX 68
NAGEEZI, NM 87037

BLACKIE, JOLENE J
PO BOX 1281
ROCK SPRINGS, WY 82902

BLACKIE, LEONARD
C/O JOLENE BLACKIE
206 PLAINVIEW DR
ROCK SPRINGS, WY 82901

BLACKIE, LEROY
PO BOX 2457
KIRTLAND, NM 87417

BLACKIE, SAMUEL
201 MOUNTAIN VIEW DR
ROCK SPRINGS, WY 82901

BLOSCH, SANDRA M
303 E S MOUNTAIN AVE
PHOENIX, AZ 85042

BLUEEYES, GLORIA A
PO BOX 2127
FRUITLAND, NM 87416

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

BLUEEYES, LYDIA H
1600 HARRISON ST
BLOOMFIELD, NM 87413

BLUEEYES, SADIE
BOX 1462
FRUITLAND, NM 87416

BOO, RUTH I
PO BOX 156
MONTEZUMA CREEK, UT 84534

BOYD, SHERRY L
2132 ALVARADO NE
ALBUQUERQUE, NM 87110

BRANTLEY, ROSE A
21 PERSIMMON DR
MURRAY, KY 42071

BRAYFIELD, EVA
2501 LA PLATA HWY
TRLR C
FARMINGTON, NM 87401

BREWER, ARLINDA
10700 ACADEMY NE #2318
ALBUQUERQUE, NM 87111

BRIGHT, JESSIE
5660 POST RD
WINSTON, GA 30187

BUCK, BERTHA L
PO BOX 1348
SHIPROCK, NM 87420

BURNS, CHRISTIAN
POST OFFICE BOX 3893
FARMINGTON, NM 87499

CANUTO ESTATE, ALICE J
5502 W COMMANCHE
FARMINGTON, NM 87401

CANUTO JR, STEVEN
1420 YORK AVE SP 9
FARMINGTON, NM 87401

CANUTO JR, WILBUR
PO BOX 541
BLOOMFIELD, NM 87413

CANUTO, ANGEL E
105 TEXAS SE
ALBUQUERQUE, NM 87108

CANUTO, BERTHA MAE SMITH
309 N 3RD ST SP #56
BLOOMFIELD, NM 87413

CANUTO, CALVIN L
PO BOX 1773
BLOOMFIELD, NM 87413

CANUTO, CURTIS
126 EAST MAIN ST
FARMINGTON, NM 87401

Canuto, Julia Mae Sandoval
1420 YORK AVE #9
FARMINGTON, NM 87401

CANUTO, LEONARD
309 N 3RD ST #22
BLOOMFIELD, NM 87413

CANUTO, MABEL C
PO BOX 3185
SHIPROCK, NM 87420

CANUTO, TULLY
PO BOX 44
COUNSELOR, NM 87018

CANUTO, VIRGIL
126 EAST MAIN
FARMINGTON, NM 87401

CANUTO, WALTER
PO BOX 1773
BLOOMFIELD, NM 87413

CANUTO, WILLARD
PO BOX 541
BLOOMFIELD, NM 87413

CANUTO, WILTON E
PO BOX 132
FRUITLAND, NM 87416

CASAUS, BERNICE P
5502 W COMANCHE
FARMINGTON, NM 87401

CASIANO JR, RANDELL
126 EAST MAIN
FARMINGTON, NM 87401

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

BEGAY, LOUISE J
PO BOX 2451
FARMINGTON, NM 87401

BEGAY, MARILYN
126 EAST MAIN
FARMINGTON, NM 87401

BEGAY, MARVIN N
PO BOX 343
NAGEEZI, NM 87037

BEGAY, MARY ETTA
BOX 1048
FRUITLAND, NM 87416

BEGAY, MARY LOU N
PO BOX 921
AZTEC, NM 87410

BEGAY, PAULINE W
PO BOX 218
NAGEEZI, NM 87037

BEGAY, RENA
PO BOX 5095
FARMINGTON, NM 87499

BEGAY, RUTH N
PO BOX 2213
BLOOMFIELD, NM 87413

BEGAY, TRINA
PO BOX 1132
FRUITLAND, NM 87416

BEGAY, VERNA NEZ
6021 14TH AVE SOUTH
MINNEAPOLIS, MN 55417

BEGAY, WALLACE
PO BOX 346
NAGEEZI, NM 87037

BEGAY, WILMA
PO BOX 25
NAGEEZI, NM 87037

BEGAYE, BRENT
PO BOX 983
BLOOMFIELD, NM 87413

BELETSO, JEREMIAH J
POST OFFICE BOX 3893
FARMINGTON, NM 87499

BELETSO, ZECHARIAH S
POST OFFICE BOX 3893
FARMINGTON, NM 87499

BELIN, HAZEL I
PO BOX 2803
KIRTLAND, NM 87417

BELON, CAROL A
BOX 135
NAGEEZI, NM 87037

BENALLY, CAROLYN S
#3 RD 6438, NBU 40
KIRTLAND, NM 87417

BENALLY, DAWN H
163 W 79TH #5-F
NEW YORK, NY 10024

BENALLY, NORA A
PO BOX 526
BLOOMFIELD, NM 87413

BENALLY, POLLY N
PO BOX 3313
FARMINGTON, NM 87401

BENALLY, RODGER V
6723 AVALON ST UNIT 8
MESA, AZ 85205

BENNY, ALVA L
PO BOX 3351
KAYENTA, AZ 86033

BENNY, ALVINA A
PO BOX 5033
MOHAVE VALLEY, AZ 86446

BENNY, DAVINA J
PO BOX 1193
BLOOMFIELD, NM 87413

BENNY, ELVIN
PO BOX 2726
BLOOMFIELD, NM 87413

BENNY, ELVIRA
PO BOX 2726
BLOOMFIELD, NM 87413

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

CASTIANO, ALLISON
126 E MAIN ST
FARMINGTON, NM 87401

CASTIANO, CHAVEZ B
PO BOX 3523
SHIPROCK, NM 87420

CASTIANO, TAHIYAH J
1628 MOON NE
ALBUQUERQUE, NM 87112

CASTIANO, TRAVIS R
126 E MAIN ST
FARMINGTON, NM 87401

CASTIANO, ZACHARIAH E
1628 MOON NE
ALBUQUERQUE, NM 87112

CASTILLO, JACQUELINE
PO BOX 994
CUBA, NM 87013-0994

CASTILLO, SARAH S
PO BOX 4894
EL PASO, TX 79914

CASUSE, JOLANDA F
4860 W 4700 S APT 110
SALT LAKE CTY, UT 84118

CASUSE, ROGER L
1676 WEST 1190 NORTH CIR
APT H
ST GEORGE, UT 84770

CAYADITTO, BETTY J
HCR 79 BOX 3087
CUBA, NM 87013

CAYADITTO, EDISON
1928 BUENA VISTA SE #C
ALBUQUERQUE, NM 87106

CAYADITTO, GARY
PO BOX 22
CUBA, NM 87013

CAYADITTO, RICKY L
PO BOX 237
CUBA, NM 87013

CHARLEY JR, JUAN
424 NORTH 4TH ST
BLOOMFIELD, NM 87413

CHARLIE, CORA L
1496 E 8 N RD
MONTE VISTA, CO 81144

CHAVEZ JR, AMOS
PO BOX 240
COUNSELOR, NM 87018

CHAVEZ, ALICE
PO BOX 23
MEXICAN SPRINGS, NM 87320

CHAVEZ, AMOS
PO BOX 240
COUNSELOR, NM 87018

CHAVEZ, ANDREW
PO BOX 1512
BLOOMFIELD, NM 87413

CHAVEZ, BESSIE A
18875 EAST SEAGULL DR
QUEEN CREEK, AZ 85142

CHAVEZ, FANNIE R
1119 JAMES CIRCLE
BLOOMFIELD, NM 87413

CHAVEZ, JENITA
120 N MCQUEEN RD
APT 246
CHANDLER, AZ 85225

CHAVEZ, MARQUEZ A
POST OFFICE BOX 373
NAGEEZI, NM 87037

CHAVEZ, MICHAEL
715 W BROADWAY,
SPACE 45
FARMINGTON, NM 87401

CHAVEZ, NITA L
PO BOX 1342
BLOOMFIELD, NM 87413

CHAVEZ, ROSIE A
PO BOX 1512
BLOOMFIELD, NM 87413

CHEVARILLO, ELOUISE
2550 EAST 16TH 8-203
FARMINGTON, NM 87401

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

ETCITY, GEORGE
C/O ERNESTINE NAKAI
PO BOX 223
RED VALLEY, AZ 86544

ETCITY, MARLENE
PO BOX 5531
FARMINGTON, NM 87499

Etcitty, Raelyn
C/O Kenny Burrows
5024 COYOTE WAY NE
RIO RANCHO, NM 87144

Etcitty-Stevenson, Samantha
42 ROAD 5297
FARMINGTON, NM 87335

FORD, CALVIN
5930 W 79TH AVE
ARVADA, CO 80003

FORD, CHRISTINE
27 EAGLE ROCK VILLAGE
BUDD LAKE, NJ 07828

FORD, COLLEEN
5930 W 79TH AVE
ARVADA, CO 80003

FORD, ROXANA E
5930 W 79TH AVE
ARVADA, CO 80003-2516

FRANK JR, STEVEN
PO BOX 2015
SHIPROCK, NM 87420

FRANK, DARLENE
PO BOX 1251
SHIPROCK, NM 87420

FRANK, DENNISON R
PO BOX 3461
FARMINGTON, NM 87499

FRANK, ERNEST
PO BOX 5435
FARMINGTON, NM 87499

FRANK, STEPHANIE E
1061 DIEGO RD
SANTA ROSA, NM 88435

FRANK, SUSAN M
PO BOX 1551
FARMINGTON, NM 87499

FRANK, TRAVIS
BOX 1561
FARMINGTON, NM 87499

FRANK, TRISHA
PO BOX 1561
FARMINGTON, NM 87499

FREELAND, JANICE J
PO BOX 2323
GALLUP, NM 87305

GARCIA, AMBROSE
PO BOX 2276
BLOOMFIELD, NM 87413

GARCIA, ARABELLE
PO BOX 1054
BLOOMFIELD, NM 87413

GARCIA, CALVERT
#5 CR 5245
BLOOMFIELD, NM 87413

GARCIA, CHRISTINE C
PO BOX 1284
BLOOMFIELD, NM 87413

GARCIA, CLAUDIA
PO BOX 1725
BLOOMFIELD, NM 87413

GARCIA, DARLENE
305 LUPINE LANE
FARMINGTON, NM 87401

GARCIA, ISABELLE L
PO BOX 3314
FARMINGTON, NM 87499

GARCIA, JANINE L
2705 WHITE OAK DR
PLANO, TX 75074

GARCIA, WILBERT
PO BOX 1658
KIRTLAND, NM 87417

GARCIA, ZELDA G
#7 CR 5245
BLOOMFIELD, NM 87413

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

COMANCHE, JOHN P
20 ROAD 7588
BLOOMFIELD, NM 87413

COSTILLO, DORIS T
HCR 79 BOX 3030
CUBA, NM 87013

CURLEY, RITA L
PO BOX 1180
CHINLE, AZ 86503

CURTIS, PHOEBE ANN
PO BOX 1533
KIRTLAND, NM 87417

DECKER, ROSIE F
PO BOX 1352
FRUITLAND, NM 87416

DEED SIMPSON, NATHANIEL
PO BOX 593
FARMINGTON, NM 87499

DEED, DELORES
PO BOX 593
FARMINGTON, NM 87499

DEED, SAMUEL L
PO BOX 593
FARMINGTON, NM 87499

DENNISON, HELEN T
PO BOX 1694
TOHATCHI, NM 87325

DESHEUQUETTE, CYNTHIA
PO BOX 982
FRUITLAND, NM 87416

DOMINGO, LILLIE W
BOX 228
NAGEEZI, NM 87037

DUBOISE, SUSIE
PO BOX 1674
GALLUP, NM 87305

DUCKEY, APRIL LARUE
PO BOX 942
PARKER, AZ 85344

EASCHIEF, AARON D
10005 E OSBORN RD
SCOTTSDALE, AZ 85256

Easchief, Cristen Owen Louis
888 E OAK ST
MESA, AZ 85203

EDWAY, STANLEY
PO BOX 476
NAGEEZI, NM 87037

ELDRIDGE, LOUISE
889 N 750 W APT 83
PRICE, UT 84501

ELDRIDGE, REBECCA P
PO BOX 1493
BLOOMFIELD, NM 87413

ERVIN, EMILIE I
P.O. BOX 1844
FARMINGTON, NM 87499

ETCITY, ADA
PO BOX 191
BLOOMFIELD, NM 87413

Etcitty, Anna Belle Victor
PO BOX 1181
FARMINGTON, NM 87499

ETCITY, ANNIE L
HC 79 BOX 46
CUBA, NM 87013

ETCITY, CALVIN
PO BOX 1022
FARMINGTON, NM 87499

ETCITY, CAMIE
PO BOX 343
NAGEEZI, NM 87037

ETCITY, CARMA
PO BOX 343
NAGEEZI, NM 87037

ETCITY, COLLETTE
PO BOX 1394
SHIPROCK, NM 87420

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

GARNANEZ, BRENDA
COUNTY ROAD 5364 #20
FARMINGTON, NM 87401

GEORGE, KENNETH K
PO BOX 1216
DURANGO, CO 81302

GEORGE, LUCY M
PO BOX 323
NAGEEZI, NM 87037

GORDO, JAMES H
(GORDO, HARRY)
BOX 574
CUBA, NM 87013

HARRIS, MARY J
709 N BUENA VISTA AVE
FARMINGTON, NM 87401

HARRISON ESTATE,
LOUELLA
P O BOX 95
FRUITLAND, NM 87417

HARRISON, HENDERSON H
1604 HARRISON LANE
BLOOMFIELD, NM 87413

HARRISON, JANICE T
PO BOX 696
AZTEC, NM 87410

HARRISON, JULIA
126 EAST MAIN ST
FARMINGTON, NM 87401

HARRISON, LEONA
1214 RANDOLPH AV
FARMINGTON, NM 87401

HARRISON, LEROY
1214 RANDOLPH RD
FARMINGTON, NM 87401

HARRISON, ROGER G
5561 ALDER ST
FARMINGTON, NM 87402

HARRISON, STEVE T
1077 S LAKE ST
SALT LAKE CITY, UT 84105

HARRISON, TED
917 N LINCOLN AVE
FARMINGTON, NM 87401

HARRISON, TOMMY
235 2 S DUSTIN RD
FARMINGTON, NM 87401

HARRISON, VIRGINIA L
115 N GODDARD AVE
#29 F-2
IGNACIO, CO 81137

HARRISON, WAYNE E
PO BOX 192
BLOOMFIELD, NM 87413

HARRISON, WILLIAM
BOX 1031
KIRTLAND, NM 87417

HARRISON, WILLIE G
6315 N SAINT NICHOLAS CIR,
UNIT 60
FLAGSTAFF, AZ 86004

HARRY, MARLENA
PO BOX 4376
GALLUP, NM 87305

HASKIE, SHERALENE L
PO BOX 822
BLOOMFIELD, NM 87413

HASKIE, SHERIDAN P
PO BOX 514
AZTEC, NM 87410

HASKIE, SHERMAN
PO BOX 822
BLOOMFIELD, NM 87413

HELLER, BETTY
1009 CALLE MARGARITA
SANTA FE, NM 87501

HENDERSON, JULIA T
4169A E, ROUTE 9 PMB 174
CUBA, NM 87013

HENDERSON, LILLIE M
PO BOX 1463
CUBA, NM 87013

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

HENRY, VIRGINIA M
23 CR 5584
FARMINGTON, NM 87401

HERNANDEZ, LANETTE C
4515 Arrowhead Ridge Drive SE
APT 820
RIO RANCHO, NM 87124

HERRERA, EFFIE
PO BOX 5593
FARMINGTON, NM 87499

HERRERA, JANIE
2103 N TUCKER #1
FARMINGTON, NM 87401

HESUSE, CALVIN A
PO BOX 401
NAGEEZI, NM 87037

HESUSE, KEEVIN M
4604 HARMONY PL
ROHNERT PARK, CA 94928

HESUSE, LUCINDA J
PO BOX 3940
GALLUP, NM 87305

HESUSE, MELVIN H
PO BOX 3195
CANONCITO, NM 87026

HESUSE, NATHANIEL
609 1/2 E. WILSON AVE.
GALLUP, NM 87301

HOGUE, SANDRA
PO BOX 1662
KIRTLAND, NM 87417

HOSEASE, ANDREA
PO BOX 1227
FRUITLAND, NM 87416

HUBBARD, GENEVIEVE A
PO BOX 81123
ALBUQUERQUE, NM 87198

IGNACIO ESTATE, ANDY
2011 TROY KING ROAD 12
FARMINGTON, NM 87401

IGNACIO, AMANDA R
908 HOLLYWOOD ST A
FARMINGTON, NM 87401

IGNACIO, BERTHA M
BOX 2262
BLOOMFIELD, NM 87413

IGNACIO, BESSIE
PO BOX 2124
FARMINGTON, NM 87499

IGNACIO, COLLEEN T
PO BOX 1068
KAYENTA, AZ 86033

IGNACIO, DARVIN D
PO BOX 173
BLOOMFIELD, NM 87413

IGNACIO, DAVIS
PO BOX 829
KIRTLAND, NM 87417

IGNACIO, DELPHINE L
1028 Chelwood Park Blvd NE
ALBUQUERQUE, NM 87112

IGNACIO, ELLIS
PO BOX 646
BLOOMFIELD, NM 87413

IGNACIO, ELMER D
PO BOX 253
BLOOMFIELD, NM 87413

IGNACIO, FRANCES A
908 HOLLYWOOD ST APT A
FARMINGTON, NM 87401

IGNACIO, HARRISON
PO BOX 733
KAYENTA, AZ 86033

IGNACIO, JOANNE
PO BOX 487
CROWNPOINT, NM 87313

IGNACIO, JOHNNY R
10800 COMANCHE RD NE
#0223
ALBUQUERQUE, NM 87111

IGNACIO, KENNETH R
PO BOX 2262
BLOOMFIELD, NM 87413

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

IGNACIO, KYLE R
908 HOLLYWOOD ST A
FARMINGTON, NM 87401

IGNACIO, LIONEL
908 HOLLYWOOD ST A
FARMINGTON, NM 87401

IGNACIO, LUCIA
PO BOX 363
BLOOMFIELD, NM 87413

IGNACIO, MARY
PO BOX 2574
BLOOMFIELD, NM 87413

IGNACIO, MONICA R
36 COUNTY RD 3935
FARMINGTON, NM 87401

IGNACIO, ROBERT A
PO BOX 1696
KAYENTA, AZ 86033

IGNACIO, RODNEY S
36 COUNTY ROAD 3935
FARMINGTON, NM 87401

IGNACIO, ROGER
BOX 1643
FARMINGTON, NM 87499

IGNACIO, STEVEN
PO BOX 1492
CHURCH ROCK, NM 87311

IGNACIO, SUSIE
1509 MISTY GLEN TRL #916
ARLINGTON, TX 76011

IGNACIO, VANIA R
PO BOX 1068
KAYENTA, AZ 86033

IRVIN, RAY
27705 HWY 184
DOLORES, CO 81323

JACKSON, CALVINA
14353E 1ST DRIVE UNIT 303
AURORA, CO 80011

JACQUEZ, JUANITA P
BOX 514
AZTEC, NM 87410

JANSSEN, EDRIC D
COUNTY RD 3950
NUMBER 50
FARMINGTON, NM 07401

JANSSEN, FAITH E
POST OFFICE BOX 3893
FARMINGTON, NM 87499

JANSSEN, HILDA
PO BOX 334
KIRTLAND, NM 87417

JANSSEN, KELLY B
126 E Main St.
FARMINGTON, NM 87401

JAQUEZ, JUANITA P
BOX 514
AZTEC, NM 87410

JAQUEZ, TOMMY
126 E MAIN STREET
FARMINGTON, NM 87401

JIM, ALICE
PO BOX 1946
BLOOMFIELD, NM 87413

JIM, BRUCE
PO BOX 1174
FARMINGTON, NM 87499

JIM, CALVIN
PO BOX 6487
FARMINGTON, NM 87499

JIM, CARL
1700 JUNIPER LN
BLOOMFIELD, NM 87413

JIM, CHERYL A
3330 BURSON LANE
FARMINGTON, NM 87402

JIM, DAMIEN R
11728 Wildhorse Trail SE
ALBUQUERQUE, NM 87123

JIM, GEORGE
4609 SPRING MIST DR
FARMINGTON, NM 87401

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

JIM, LORA A
908 MESA VIEJO ST SW
ALBUQUERQUE, NM 87121

JIM, LORETTA
801 LOCUST PL NE
APT 1248
ALBUQUERQUE, NM 87102

JIM, MARIE
1655 TRAMVIEW LANE NE
RIO RANCHO, NM 87124

JIM, MIKE
PO BOX 2166
BLOOMFIELD, NM 87413

JIM, RAYMOND
PO BOX 1204
BLOOMFIELD, NM 87413

JIM, ROBERT
936 10TH AVE NE
RIO RANCHO, NM 87124

JIM, SHIRLEY M
PO BOX 1174
FARMINGTON, NM 87499

JIM, TRINNIE
PO BOX 181
BLOOMFIELD, NM 87413

JIM-PINE, MARY
PO BOX 2426
BLOOMFIELD, NM 87413

JOHNSON II, DONALD R
PO BOX 2412
KIRTLAND, NM 87417-2412

JOHNSON, AUNDRIANA R
2504 EAST 23RD STREET
FARMINGTON, NM 87401

JOHNSON, BRENDA
PO BOX 2044
KIRTLAND, NM 87417

JOHNSON, CHRISHANA N
2504 EAST 23RD STREET
FARMINGTON, NM 87401

JOHNSON, DANA C
PO BOX 2412
KIRTLAND, NM 87417

JOHNSON, DAVID
305 E APACHE #3
FARMINGTON, NM 87401

JOHNSON, DEBORAH R
2504 EAST 23RD
FARMINGTON, NM 87401

JOHNSON, DONALD R
PO BOX 2412
KIRTLAND, NM 87417-2412

JOHNSON, EVANGELINE R
15365 FIRETOWER RD
CONROE, TX 77306

JOHNSON, MARK
1216 WEST AZTEC
BOULEVARD
AZTEC, NM 87410

JOHNSON, PHIL
C/O FRANK F JOHNSON
15 ROAD 6115
KIRTLAND, NM 87417

JOHNSON, RONDA J
PO BOX 2412
KIRTLAND, NM 87417

JONES, MARVETTA A
PO BOX 338
PINEHILL, NM 87357

JOSE, CLARIBELLE
PO BOX 1392
BLOOMFIELD, NM 87413

JOSE, LORETTA L
PO BOX 811
BLOOMFIELD, NM 87413

JOSE, STELLA
HCR 17 BOX 415
CUBA, NM 87013

KELLYWOOD, HELENA L
PO BOX 3380
SHIPROCK, NM 87420

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

KELLYWOOD, ROSE A
PO BOX 2141
KIRTLAND, NM 87417

KING, MARLINA M
PO BOX 4376
GALLUP, NM 87305

KINLICHEENIE, DARVA V
2011 TROY KING RD #444
FARMINGTON, NM 87401

KINLICHEENIE, JUDITH A
2614 EAST 20TH APT F-6
FARMINGTON, NM 87401

KINLICHEENIE, KRIS K
370 ATRISCO DR SW APT 8
ALBUQUERQUE, NM 87105

LARGO ESTATE, JERRY SR
PO BOX 285
NAGEEZI, NM 87037

LARGO ESTATE, JONES
COUNSELOR TRADING POST
COUNSELOR, NM 87018

LARGO ESTATE, NELLIE
P O BOX 141
CUBA, NM 87013

LARGO SR, TEDDY R
PO BOX 904
BLOOMFIELD, NM 87413

LARGO, CURTIS
PO BOX 92
CUBA, NM 87013

LARGO, DENNISON F
PO BOX 92
CUBA, NM 87013

LARGO, ERNEST
PO BOX 92
CUBA, NM 87013

LARGO, ESTHER A
PO BOX 4203
YAH TA HEY, NM 87375

LARGO, FREDDIE
PO BOX 2626
RUIDOSO DOWNS, NM 88346

LARGO, HAROLD
PO BOX 83
RUIDOSO DOWNS, NM 88346

LARGO, JIMMIE
PO BOX 212
CROWNPOINT, NM 87313

LARGO, JOANNE
PO BOX 6484
FARMINGTON, NM 87499

LARGO, PAULINE T
PO BOX 141
CUBA, NM 87013

LARGO, SHEILA
1318 SAN PEDRO DRIVE SE,
APT. A
ALBUQUERQUE, NM 87108

LARGO, TOMMIE
PO BOX 130
NAGEEZI, NM 87037

LARVINGO, EDDIE
PO BOX 811
BLOOMFIELD, NM 87413

LARVINGO, LETTA J
PO BOX 1914
BLOOMFIELD, NM 87413

LARVINGO, NELLIE F
PO BOX 811
BLOOMFIELD, NM 87413

LARVINGO, RAYMOND
PO BOX 2026
BLOOMFIELD, NM 87413

LARVINGO, ROBERTA
1900 E 86TH ST APT 224
BLOOMINGTON, MN 55425

LARVINGO, ROSETTA M
1900 E 86TH ST APT 224
BLOOMINGTON, MN 55425

LARVINGO, ROY
PO BOX 1241
BLOOMFIELD, NM 87413

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

LARVINGO, SHEILA A
PO BOX 664
SAN JACINTO, CA 92581

LEE, PRISCILLA
HCR 63 BOX 347
WINSLOW, AZ 86047

LEWIS, JONATHAN P
PO BOX 111
SAN YSIDRO, NM 87053

LEWIS, LEONA M
1214 RANDOLPH AV
FARMINGTON, NM 87401

LEWIS, ROSIE A
PO BOX 565
SHIPROCK, NM 87420

LOPEZ JR, DICK
BOX 1014
CUBA, NM 87013

LOPEZ, ALICE M
PO BOX 1014
CUBA, NM 87013-1014

LOPEZ, ALVIN
16452 W BUCHANAN ST
GOODYEAR, AZ 85338-2564

LOPEZ, BEN B
PO BOX 307
NAGEEZI, NM 87037

LOPEZ, BESSIE
PO BOX 791
CUBA, NM 87013

LOPEZ, BRENDA
PO BOX 7206
NAZLINI, AZ 86540

LOPEZ, CARMELITA
4045 S BUFFALO DR, STE A
LAS VEGAS, NV 89147

LOPEZ, CHER L
PO BOX 1191
IGNACIO, CO 81137

LOPEZ, CHRIS
1212 S MONTEREY SP 27
FARMINGTON, NM 87401

LOPEZ, CODY
PO BOX 2866
KIRTLAND, NM 87417

LOPEZ, CORRINE
1212 S MONTEREY SP 427
FARMINGTON, NM 87401

LOPEZ, CURTIS
PO BOX 127
CUBA, NM 87013

LOPEZ, DANIEL
PO BOX 6051
FARMINGTON, NM 87499

LOPEZ, DANIEL D
BOX 1014
CUBA, NM 87013

LOPEZ, EDDIE
P.O. BOX 1097
CUBA, NM 87013

LOPEZ, FARON C
6317 OUTLOOK DR
CITRUS HEIGHTS, CA 95621

LOPEZ, GINO
PO BOX 1253
TEEC NOS POS, AZ 86514

LOPEZ, HARRISON
PO BOX 22
BLOOMFIELD, NM 87413

LOPEZ, HELEN C
PO BOX 1253
TEEC NOS POS, AZ 86514

LOPEZ, HERANDEZ
PO BOX 1411
CUBA, NM 87013

LOPEZ, HOLLY G
PO BOX 1253
TEEC NOS POS, AZ 86514

LOPEZ, IRENE S
PO BOX 107
NAGEEZI, NM 87037

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

LOPEZ, JACQUELINE D
PO BOX 2776
KIRTLAND, NM 87417

LOPEZ, JANIS
2011 TROY KING RD
TRLR 440
FARMINGTON, NM 87401

LOPEZ, JEREMIAH
PO BOX 7152
NAZLINI, AZ 86540

LOPEZ, LAURA
PO BOX 332
FARMINGTON, NM 87499

LOPEZ, LENA
PO BOX 1195
CUBA, NM 87013-1195

LOPEZ, LEONARD H
987 E NOLAN PL
CHANDLER, AZ 85249-3346

LOPEZ, LORENZO
PO BOX 1295
CUBA, NM 87013

LOPEZ, LOUISE W
2310 W APACHE ST LOT #12
FARMINGTON, NM 87401

LOPEZ, LYDIA
PO BOX 81874
ALBUQUERQUE, NM 87198

LOPEZ, MARCO
PO BOX 758
PLEASANT GROVE, UT 84062

LOPEZ, MARIE
PO BOX 883
CUBA, NM 87013

LOPEZ, MYTTIAS
PO BOX 7032
NAZLINI, AZ 86540

LOPEZ, NELSON
PO BOX 107
NAGEEZI, NM 87037

LOPEZ, ODELL
PO BOX 811
HOLBROOK, AZ 86025

LOPEZ, RACHEL A
PO DRAWER 250
GRANTS, NM 87020

LOPEZ, RICKY
PO BOX 7032
NAZLINI, AZ 86540

LOPEZ, RITA
PO BOX 1544
CUBA, NM 87013

LOPEZ, ROSITA
1411 3RD ST SW APT B
ALBUQUERQUE, NM 87102

LOPEZ, SHERRI L
PO BOX 251
PINON, AZ 86510

LOPEZ, STELLA
PO BOX 791
CUBA, NM 87013

LOPEZ, STEWART
6208 KEARNEY TRAIL NW
ALBUQUERQUE, NM 87120

LOPEZ, TED
PO BOX 1036
CUBA, NM 87013

LOPEZ, TEDDY
PO BOX 386
NAGEEZI, NM 87037

LOPEZ, TIMOTHY
PO BOX 2411
TUBA CITY, AZ 86045

LOPEZ, VICTORIA
PO BOX 4412
BLUE GAP, AZ 86520

LOPEZ, WILLIAM I
PO BOX 5146
GALLUP, NM 87305

LOPEZ, WILSON
PO BOX 1157
CHURCH ROCK, NM 87311

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

LOPEZ, YAZZIE
PO BOX 1057
CUBA, NM 87013

MACE, BELVA J
419 GROVE ST NE
ALBUQUERQUE, NM 87108

MACE, EVA M
HC77 BOX 255
LAGUNA, NM 87026

MACE, JEREMY P
5313 CANDELARIA NE
ALBUQUERQUE, NM 87109

MACE, JOE
PO BOX 1323
CUBA, NM 87013

MACE, LENORA K
BOX 1688
CUBA, NM 87013

MACE, OLIVIA S
PO BOX 1323
CUBA, NM 87013

MACE, OPHELIA G
5313 CANDELARIA NE
ALBUQUERQUE, NM 87110

MACE, SONJIA L
PO BOX 52162
ALBUQUERQUE, NM 87181

MACE, TAITUM T
313 PENNSYLVANIA ST NE
APT C
ALBUQUERQUE, NM 87108

MACE, TYSON C
PO BOX 1952
CUBA, NM 87013

MAGGARD, RUTH
PO BOX 1251
BLOOMFIELD, NM 87413

MAKIL, SARAH V
918 E MCDOWELL RD
MESA, AZ 85203

MANUEL, LORRAINE L
PO BOX 332
FARMINGTON, NM 87499

MARTINEZ SR, FRED C
4633 GILA #30
FARMINGTON, NM 87402

MARTINEZ, CALBERT
PO BOX 397
NAGEEZI, NM 87037

MARTINEZ, CHANDA R
PO BOX 212
NAGEEZI, NM 87037

MARTINEZ, CUSTER
PO BOX 97
FINLEY, OK 74543

MARTINEZ, ELLA P
HCR 17 BOX 1997
CUBA, NM 87013

MARTINEZ, HAROLD A
PO BOX 80882
ALBUQUERQUE, NM 87198

MARTINEZ, LILLIE R
BOX 1621
ALBUQUERQUE, NM 87103

MARTINEZ, LORETTA
CR 6402 # 31
KIRTLAND, NM 87417

MARTINEZ, MAXINE A
PO BOX 56
NAGEEZI, NM 87037

MARTINEZ, PAULA A
38455 N SHERATON #774
BEACH PARK, IL 60087

MARTINEZ, STELLA
5328 Montgomery Blvd NE
ALBUQUERQUE, NM 87109

MASE, CALVIN
PO BOX 543
CUBA, NM 87013

MASE, LARRY
PO BOX 1358
CUBA, NM 87013

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

MCCALLISTER, CHARLENE
PO BOX 333
RUIDOSO DOWNS, NM 88346

MOFFETT, NORMA J
950 S MAGNOLIA AVE #45
LOS ANGELES, CA 90006

MONTOYA, ELIZABETH
PO BOX 1854
CUBA, NM 87013

MORGAN, ELRINA
10 CR 6116
KIRTLAND, NM 87417

MORGAN, NELIDA L
7121 CHANTELE ST
FARMINGTON, NM 87401

MORGAN, THERESA A
PO BOX 864
CROWNPOINT, NM 87313

MOSE, ELEANOR R
PO BOX 310244
MEXICAN HAT, UT 84531

MOWA, HELENE A
29 CALLE CONTENTA
FLAGSTAFF, AZ 86001

MURPHY, HELEN M
BOX 1243
CROWNPOINT, NM 87313

MUSTACHE, SAMUEL L
PO BOX 593
FARMINGTON, NM 87499

NAVAJO NATION
NAVAJO NATION
WINDOW ROCK, AZ 86504

NELSON, SARAH B
PO BOX 1215
FRUITLAND, NM 87416

NELSON, SARAH I
PO BOX 1215
FRUITLAND, NM 87416

NEWTON, ROSE
PO BOX 2643
BLOOMFIELD, NM 87413

NEZ, ANGELIA M
PO BOX 778
CUBA, NM 87013

NEZ, AUTUMN R
PO BOX 1255
KIRTLAND, NM 87417

NEZ, DOLLY
PO BOX 5701
FARMINGTON, NM 87499

NEZ, EARL
PO BOX 584
BLANCO, NM 87412

NEZ, ELAINE
200 FIGUEROA NE APT #112
ALBUQUERQUE, NM 87123

NEZ, LINDA
PO BOX 1532
BLOOMFIELD, NM 87413

NEZ, MARILYN
PO BOX 5434
FARMINGTON, NM 87499

NEZ, MARY LOU
PO BOX 921
AZTEC, NM 87410

NEZ, PERRY
PO BOX 2842
FARMINGTON, NM 87499

NEZ, PHILLIP
200 FIGUEROA NE APT #112
ALBUQUERQUE, NM 87123

NEZ, RENA
PO BOX 1058
SHIPROCK, NM 87420

NEZ, SHERILYN
PO BOX 1255
KIRTLAND, NM 87417

NEZ, SHIRLEY ANN
PO BOX 1255
KIRTLAND, NM 87417

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

NEZ, STEVEN R
PO BOX 1255
KIRTLAND, NM 87417

NEZ, TIMOTHY
12111 W DREYSUS DRIVE
EL MIRAGE, AZ 85335

NOCKAI, DEBBY
506 WEST MAPLE
FARMINGTON, NM 87401

O'JOHN, VERA
PO BOX 842
IGNACIO, CO 81137

OTERO, CHESTER L
PO BOX 1712
CUBA, NM 87013

OTERO, CYNTHIA
PO BOX 642
CUBA, NM 87013

OTERO, ROY
BOX 945
CUBA, NM 87013

PACHACO KENNETH,
EVA M
42 ROAD 5580
FARMINGTON, NM 87407

PACHECO SR, LEO J
PO BOX 281
BLOOMFIELD, NM 87413

PACHECO, HAROLD
PO BOX 2021
BLOOMFIELD, NM 87413

PERRY, CAROLINE A
PO BOX 88
SMITH LAKE, NM 87365

PETE, ANITA
PO BOX 595
CUBA, NM 87013

PINTO, BETTY
BOX 1547 HCR 79
CUBA, NM 87013

PINTO, CARLITA J
PO BOX 723
CUBA, NM 87013

PINTO, ELVIRA
PO BOX 803
GALLUP, NM 87305

PINTO, EVELYN
4307 TOPKE CT NE
ALBUQUERQUE, NM 87109

PINTO, HELEN O
PO BOX 1227
CUBA, NM 87013

PINTO, LOIS A
PO BOX 447
NAGEEZI, NM 87037

PINTO, NINA N
PO BOX 34
FRUITLAND, NM 87416

PINTO, TRINA
PO BOX 1132
FRUITLAND, NM 87416

PLATERO, ANDY
PO BOX 93
NAGEEZI, NM 87037

PLATERO, BETTY
PO BOX 99
SANTA YSABEL, CA 92070

PLATERO, BEVERLY A
1600 CLIFFSIDE DR APT 177
FARMINGTON, NM 87401

PLATERO, BRIAN A
PO BOX 3618
FARMINGTON, NM 87499

PLATERO, CHRISTINE
313 W SYCAMORE APT 2
BLOOMFIELD, NM 87413

PLATERO, DAN
PO BOX 1381
BLOOMFIELD, NM 87413

PLATERO, DEANDRA
PO BOX 1062
AUBURN, WA 98071

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

PLATERO, DIANA R
PO BOX 43
BLUEWATER, NM 87005

PLATERO, DIANE R
PO BOX 43
BLUEWATER, NM 87005

PLATERO, ERNEST J
7701 E OSBORN 271 W
SCOTTSDALE, AZ 85251

PLATERO, EVA
PO BOX 93
NAGEEZI, NM 87037

PLATERO, GEORGE
PO BOX 93
NAGEEZI, NM 87037-0093

PLATERO, IDA M
412 E CEDAR AVE
BLOOMFIELD, NM 87413

PLATERO, JESSICA L
54 RD 2598
AZTEC, NM 87410

PLATERO, LEANDER
PO BOX 1431
FARMINGTON, NM 87499

PLATERO, LENORA J
19 CR 7588
BLOOMFIELD, NM 87413

PLATERO, MARVIN L
PO BOX 2054
BLOOMFIELD, NM 87413

PLATERO, MYRON
PO BOX 73
ROCK POINT, AZ 86545

PLATERO, PHILLIP B
PO BOX 43
BLUEWATER, NM 87005

PLATERO, RAPHEAL
PO BOX 1412
FRUITLAND, NM 87416

PLATERO, RICHARD
PO BOX 572
BLOOMFIELD, NM 87413

PLATERO, RITA R
325 JAMES CIRCLE
BLOOMFIELD, NM 87413

PLATERO, RUBY A
PO BOX 216
NAGEEZI, NM 87037

PLATERO, STELLA
HCR 17 BOX 415
CUBA, NM 87013

POSTOAK, SHIRLEY M
12317 E 16TH STREET
TULSA, OK 74128

RANCK, JESSIE
7305 CATBRIER CT
FT WORTH, TX 76137

RENTZ, EVA
PO BOX 1253
BLOOMFIELD, NM 87413

REYOS, GLORIA M
2908 LOS ANAYAS RD NW
ALBUQUERQUE, NM 87104

RIVERA, ORLANDO M
PO BOX 5868
FARMINGTON, NM 87499

ROANHORSE ESTATE, ARNOLD
P O BOX 1261
NAVAJO, NM 87328

ROANHORSE JR, NELSON
1212 S MONTEREY
SPACE 422
FARMINGTON, NM 87401

RODRIGUEZ, ELEICIA A
PO BOX 2334
BLOOMFIELD, NM 87413

RODRIGUEZ, PRESTON V
PO BOX 6293
FARMINGTON, NM 87499

RODRIGUEZ, RICHARD P
PO BOX 2334
BLOOMFIELD, NM 87413

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

ROGER, JULIA H
126 EAST MAIN ST
FARMINGTON, NM 87401

RUSSELL, CLARA
PO BOX 24383
SANTA FE, NM 87502

SAM, CINDRA T
HCR 79 BOX 3066
CUBA, NM 87013

SAM, ESTHER
PO BOX 92
FRUITLAND, NM 87416

SAM, FREDDIE
PO BOX 1822
BLOOMFIELD, NM 87413

SAM, HARLAN
#1 ROAD 6115
KIRTLAND, NM 87417

SAM, HAROLD
506 WEST MAPLE
FARMINGTON, NM 87401

SAM, IRVIN
434 N 3RD
BLOOMFIELD, NM 87413

SAM, JESSIE M
PO BOX 212
COUNSELOR, NM 87018

SAM, JULIAN
PO BOX 221
COUNSELOR, NM 87018

SAM, MELVIN
#14 COUNTY ROAD 4903
BLOOMFIELD, NM 87413

SAM, NASBAN
BOX 212
COUNSELOR, NM 87018

SAM, OSMUND
PO BOX 234
NAGEEZI, NM 87037

SAM, STEPHANIE
PO BOX 1128
CUBA, NM 87013

SAM, VERNA
PO BOX 584
BLANCO, NM 57412

SAM, VINA A
PO BOX 2683
KIRTLAND, NM 87417

SAM, VIRGINIA
1200 MADEIRA DR SE
APT 101
ALBUQUERQUE, NM 87108

SANCHEZ JR, BILLY
PO BOX 1732
BLOOMFIELD, NM 87413

SANCHEZ, BENJAMIN L
PO BOX 2062
BLOOMFIELD, NM 87413

SANCHEZ, BRIAN LEE
PO BOX 1732
BLOOMFIELD, NM 87413

SANCHEZ, DANNY L
PO BOX 1111
BLOOMFIELD, NM 87413

SANCHEZ, HARRY
PO BOX 234
NAGEEZI, NM 87037

SANCHEZ, LANORIA A
PO BOX 1732
BLOOMFIELD, NM 87413

SANCHEZ, MICHAEL
PO BOX 1732
BLOOMFIELD, NM 87413

SANCHEZ, NORA ANN
PO BOX 526
BLOOMFIELD, NM 87413

SANCHEZ, ROSE B
PO BOX 1732
BLOOMFIELD, NM 87413

SANCHEZ, ROSE MARIE
PO BOX 2062
BLOOMFIELD, NM 87413

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

SANCHEZ, WALLACE
PO BOX 1732
BLOOMFIELD, NM 87413

SANDOVAL ESTATE, THOMAS J
C/O EASTERN NAVAJO AGENCY
PO BOX 328
CROWNPOINT, NM 87313

SANDOVAL, AGNES
PO BOX 62
CHURCHROCK, NM 87311

SANDOVAL, CHRISTOPHER J
C/O LAWONDA SANDOVAL
PO BOX 4344
DURANGO, CO 81302

SANDOVAL, JAMES
PO BOX 254
TOHATCHI, NM 87325

SANDOVAL, JONATHAN
PO BOX 695
CUBA, NM 87013

SANDOVAL, JULIA M
1420 YORK AVE #9
FARMINGTON, NM 87401

SANDOVAL, ROSE J
6808 IVY PI, SW
ALBUQUERQUE, NM 87121

SANDOVAL, SYLVESTER
PO BOX 3765
FARMINGTON, NM 87499

SANDOVAL, VELINDA
PO BOX 674
CUBA, NM 87013

SANDOVAL, VIRGINIA T
HCR 79 BOX 3044
CUBA, NM 87013

SANDOVAL, VITTORIO T
1612 31ST STREET SE
RIO RANCHO, NM 87124

SCOTT, EDDIE D
PO BOX 2173
BLOOMFIELD, NM 87413

SCOTT, LAUREL
232 S 12TH AVE
PHOENIX, AZ 85007

SCOTT, QUENBY D
PO BOX 765
ST MICHEALS, AZ 86511

SERAFIN, MAXINE
PO BOX 102
DULCE, NM 87528

SHONE, CARMINIA A
PO BOX 251
PINON, AZ 85510

SHORTY, ROSE M
PO BOX 384
SHIPROCK, NM 87420

SIFUENTES, IVA M
PO BOX 45033
RIO RANCHO, NM 87174

SILVER, GEORGINDA
708 S TURNER ST
BLOOMFIELD, NM 87413

SIMPSON, AARON D
PO BOX 593
FARMINGTON, NM 87499

SIMPSON, DELORES
PO BOX 593
FARMINGTON, NM 87499

SIMPSON, GLEN
PO BOX 393
FRUITLAND, NM 87416

SIMPSON, NATHANIEL
PO BOX 593
FARMINGTON, NM 87499

SIMPSON, TRACIE N
PO BOX 593
FARMINGTON, NM 87499

SMITH ESTATE, RUSSELL
PO BOX 2535
BLOOMFIELD, NM 87413

SMITH, ALFRED
PO BOX 1406
BLOOMFIELD, NM 87413

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

SMITH, ARNOLD C
1613 JUNIPER LN #789
BLOOMFIELD, NM 87413

SMITH, BERTHA M
309 N 3RD ST SP #56
BLOOMFIELD, NM 87413

SMITH, CHRISTINE M
PO BOX 1191
IGNACIO, CO 81137

SMITH, EDDIE L
PO BOX 1987
BLOOMFIELD, NM 87413

SMITH, HAROLD
PO BOX 336
NAGEEZI, NM 87037

SMITH, HOWARD
C/O LEVI SMITH
PO BOX 405
NAGEEZI, NM 87037

SMITH, JOANNE
PO BOX 1851
FRUITLAND, NM 87416

SMITH, JOHNATHAN
1015 STATE AVE APT 1
ALAMOSA, CO 81101

SMITH, LEVI B
PO BOX 405
NAGEEZI, NM 87037

SMITH, MAE L
PO BOX 161
NAGEEZI, NM 87037

SMITH, PHYLLIS
153 S DEL RANCHO
MESA, AZ 85208

SMITH, ROLAND
PO BOX 1676
CROWNPOINT, NM 87313

SMITH, STANLEY
PO BOX 1943
BLOOMFIELD, NM 87413

SOCE, ELEANOR G
818 EAST MAIN #22
FARMINGTON, NM 87401

STEVENSON, LORRAINE
42 ROAD 5297
FARMINGTON, NM 87401

STRUBLE, SHARON A
10606 TRIGGERS CRK
SAN ANTONIO, TX 78254

SUMMA, VERNA
PO BOX 303
TOWAOC, CO 81334

TACHINE, ANNA ROSE
PO BOX 69
CUBA, NM 87013

TAH, ISABEL R
PO BOX 186
CHURCH ROCK, NM 87311

TALAMANTE, MARILYN L
PO BOX 921
AZTEC, NM 87410

TALLWOOD, CLAUDEEN
PO BOX 944
NAVAJO, NM 87328

THOMAS, EVELYN W
PO BOX 872
CHINLE, AZ 86503

THOMPSON, MAURICE
1912 PROSPECT NW
ALBUQUERQUE, NM 87104

THOMPSON, PAUL
BOX 1736
FARMINGTON, NM 87499

TODACHEENE, LULA C
1676 HOLLYBERRY CT NE
RIO RANCHO, NM 87144

TOLEDO ESTATE,
DALPHINE
PO BOX 831
CUBA, NM 87013

TOLEDO, ALBERT L
PO BOX 1180
CUBA, NM 87013

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

TOLEDO, ANDY
HCR 79 BOX 3089
CUBA, NM 87013

TOLEDO, CAROLINE
5683B ROUTE 9
CUBA, NM 87013

TOLEDO, DAVID
C/O NELLIE TOLEDO POA
HCR 79 BOX 3065
CUBA, NM 87013

TOLEDO, DOROTHY M
HCR 79 BOX 8
CUBA, NM 87013

TOLEDO, EVANGELINE
PO BOX 1781
CUBA, NM 87013

TOLEDO, FREDDIE
5683 B ROUTE 9
CUBA, NM 87013-6023

TOLEDO, GEORGE B
PO BOX 1255
CUBA, NM 87013

TOLEDO, GLADYS
HCR 79 BOX 3022
CUBA, NM 87013

TOLEDO, JENNIE
HCR 79 BOX 3011
CUBA, NM 87013

TOLEDO, LEO
PO BOX 1706
CUBA, NM 87013

TOLEDO, LORRAINE
HCR 79 BOX 3021
CUBA, NM 87013

TOLEDO, LYNN
PO BOX 1288
CUBA, NM 87013

TOLEDO, MARILYN
PO BOX 1288
CUBA, NM 87013

TOLEDO, MARY J
PO BOX 1046
CUBA, NM 87013

TOLEDO, MICHAEL
PO BOX 1706
CUBA, NM 87013

TOLEDO, NATASHIA R
PO BOX 2276
FARMINGTON, NM 87499

TOLEDO, NELLIE
HCR 79 BOX 3065
CUBA, NM 87013

TOLEDO, NELSON
PO BOX 1706
CUBA, NM 87013

TOLEDO, PETTERSON J
PO BOX 2172
CUBA, NM 87013

TOLEDO, RAMONA K
PO BOX 2365
BLOOMFIELD, NM 87413

TOLEDO, RANDY
HCR 79 BOX 3010
CUBA, NM 87013

TOLEDO, RUDY
BOX 1374
CUBA, NM 87013

TOLEDO, THEDA J
PO BOX 2712
FORT DEFIANCE, AZ 86504

TRUJILLO JR, WILSON
506 WEST MAPLE
FARMINGTON, NM 87401

TRUJILLO, ALVIN
45A RD 5295
FARMINGTON, NM 87401

TRUJILLO, ARNOLD
C/O SUPERINTENDENT
PO BOX 328
CROWNPOINT, NM 87313

TRUJILLO, ELENA
3805 S 100 W
NIBLEY, UT 84321

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

TRUJILLO, ELVINA B
PO BOX 108
NAGEEZI, NM 87037

TRUJILLO, ELVIRA A
PO BOX 108
NAGEEZI, NM 87037

TRUJILLO, ENA H
PO BOX 108
NAGEEZI, NM 87037

TRUJILLO, ERNIE
#18 RD 3935
FARMINGTON, NM 87401

TRUJILLO, ERVIN
2 CR 1738
FARMINGTON, NM 87401

TRUJILLO, IRENE
3704 LADERA ROAD
APT 428
ALBUQUERQUE, NM 87120

TRUJILLO, KATHERINE E
PO BOX 935
BLOOMFIELD, NM 87413

TSO, ANNETTE L
PO BOX 1491
PENA BLANCA, NM 87041

TSO, DOROTHY
2011 TROY KING RD
TRLR 200
FARMINGTON, NM 87401

TSO, LITA M
PO BOX 123
GAMERCO, NM 87317

TSOSIE SR, JOE
126 EAST MAIN
FARMINGTON, NM 87401

TSOSIE, BERTHA
3649 CHICAGO AVE S APT 2
MINNEAPOLIS, MN 55407

TSOSIE, BRENDA
COUNTY ROAD 5364 #20
FARMINGTON, NM 87401

TSOSIE, CARLENE
C/O ELVIRA P. TSOSIE
PO BOX 2825
GALLUP, NM 87305

TSOSIE, ELVIRA P
PO BOX 2825
GALLUP, NM 87305

TSOSIE, ERNESTINE
338 W YUMA ST
PHOENIX, AZ 85003

TSOSIE, EVANGELINE
PO BOX 2482
FARMINGTON, NM 87499

TSOSIE, JERIMIAH
PO BOX 2825
GALLUP, NM 87305

TSOSIE, JOANNE
126 E MAIN
FARMINGTON, NM 87401

TSOSIE, JODY
PO BOX 2825
GALLUP, NM 87305

TSOSIE, JOE
126 EAST MAIN
FARMINGTON, NM 87401

TSOSIE, KENDRICK
C/O ELVIRA P. TSOSIE
PO BOX 2825
GALLUP, NM 87305

TSOSIE, RACHEL J
PO BOX 2825
GALLUP, NM 87305

VALDEZ, MARILYN A
PO BOX 1514
FARMINGTON, NM 87499

VALDEZ, VIRGINIA
3651 S ARVILLE ST #153
LAS VEGAS, NV 89103

VAN WINKLE, INA
PO BOX 1336
FRUITLAND, NM 87416

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

VICTOR SR, DAN
1201 SAN PEDRO DR SE #24
ALBUQUERQUE, NM 87108

VICTOR, CAROLINE
600 W BLANCO BLVD #29
BLOOMFIELD, NM 87413

VICTOR, DAN
1201 SAN PEDRO DR SE
ALBUQUERQUE, NM 87108

VICTOR, DANNY
126 EAST MAIN
FARMINGTON, NM 87401

VICTOR, DANNY H
PO BOX 5190
FARMINGTON, NM 87499

VICTOR, DARLENE
717 RUTH LN, APT 402
BLOOMFIELD, NM 87413

VICTOR, IRENE
99 SCORPIOS ISLAND ST
HENDERSON, NV 89012

VICTOR, KENNETH
PO BOX 1072
TEECNOSPOS, AZ 86514

VICTOR, RANDELL
PO BOX 291
BLOOMFIELD, NM 87413

VICTOR, SAMUEL
PO BOX 291
BLOOMFIELD, NM 87413

VICTOR, STANLEY
BOX 1437
SHIPROCK, NM 87420

VOLKER, VERNA N
6021 14TH AVE SOUTH
MINNEAPOLIS, MN 55417

WATSON, MARY H
PO BOX 658
AZTEC, NM 87410

WAUNKA, NELSON
PO BOX 756
FORT DEFIANCE, AZ 86504

WEEDER, ALICE
PO BOX 286
LAGUNA, NM 87026

WERITO, RITA A
809 S MESA VERDE AVE
FARMINGTON, NM 87401

WERO, HERBERT
PO BOX 66
ANETH, UT 84510

WESLEY, SAM
C/O EASTERN NAVAJO AGENCY
PO BOX 328
CROWNPOINT, NM 87313

WHITE ESTATE, DOLLY N
PO BOX 5701
FARMINGTON, NM 87499

WHITE, GERALDINE
PO BOX 365
FRUITLAND, NM 87416

WHITE, OPAL L
912 N REVERE #101
MESA, AZ 85201

WHITEHORSE, PEARL
63 CR 6480 NBU 44C
KIRTLAND, NM 87417

WILLIAMS, DEANDRA P
PO BOX 1062
AUBURN, WA 98071

WILLIE, IRA M
758 STAGECOACH TRL
DURANGO, CO 81301-8468

WILSON, MARY HELEN WATSON
PO BOX 658
AZTEC, NM 87410

WOODIE, JOHN A
PO BOX 135
NAGEEZI, NM 87037

**ENCANA OIL & GAS (USA) INC.
BLANCO WASH UNIT
DENVER MAILING LIST**

WOODY, LILLIAN
PO BOX 5095
FARMINGTON, NM 87499

WOODY, LOUISE
PO BOX BLL - RRTP
CHINLE, AZ 86503

WOODY, MELVIN E
PO BOX 228
NAGEEZI, NM 87037

YAZZIE ESTATE, NORBERT
709 N. Buena Vista Ave.
FARMINGTON, NM 87401

YAZZIE, ALFRED
1505 BLUFFVIEW AVENUE
FARMINGTON, NM 87401

YAZZIE, ANDREW
PO BOX 1782
BLOOMFIELD, NM 87413

YAZZIE, ANGELINA W
PO BOX 2261
KIRTLAND, NM 87417

YAZZIE, DAVID
PO BOX 816
BLOOMFIELD, NM 87413

YAZZIE, DEION J
C/O CALVINA MARTINEZ
11800 MONTGOMERY NE
APT #2097
ALBUQUERQUE, NM 87111

YAZZIE, GENEVIEVE L
BOX 2074
BLOOMFIELD, NM 87413

YAZZIE, HAROLD
GERI-A-113 DRAWER 1328
LOS LUNAS, NM 87031

YAZZIE, THERESA A
PO BOX 1371
BLOOMFIELD, NM 87413

YAZZIE, WILLIE
PO BOX 194
NAGEEZI, NM 87037

7006 2760 0001 6378 3064

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

For delivery information visit **OFFIC**
MHF/ENCANA
BLANCO WASH

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	60

Postmark Here
 SEP 15 2004

AARON WERITO
 2614 E 20TH ST APT C2
 FARMINGTON, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AARON WERITO
 2614 E 20TH ST APT C2
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7006 2760 0001 6378 3064**

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

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Aaron Werito

B. Received by (Printed Name) **Aaron Werito** C. Date of Delivery **9/15/04**

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

SEP 15 2004 FARMINGTON NM

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 6707

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

For delivery information visit **OFFIC**
MHF/ENCANA
BLANCO WASH

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 SEP 18 2004

ANDERSON, CATHERINE ANN
 1585 S ASH ST
 DENVER, CO 80222-3740

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ANDERSON, CATHERINE ANN
 1585 S ASH ST
 DENVER, CO 80222-3740

2. Article Number (Transfer from service label) **7006 2760 0001 6377 6707**

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

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Doug Thin-Elk

B. Received by (Printed Name) **Doug Thin-Elk** C. Date of Delivery **SEP 18 2004**

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

SEP 18 2004 DENVER CO

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 6691

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

For delivery information visit **OFFICIAL** website

MHF/ENCANA
BLANCO WASH

Postage \$ _____
 Certified Fee \$ 330
 Return Receipt Fee (Endorsement Required) \$ 270
 Restricted Delivery Fee (Endorsement Required) \$ _____

SEP 12 2004
 USA SANTA FE, NM 87413
 Postmark Here

ANDERSON, PHOEBE
 PO BOX 1782
 BLOOMFIELD, NM 87413

For Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 ANDERSON, PHOEBE
 PO BOX 1782
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6691

THIS SECTION ON DELIVERY

A. Signature Phoebe Anderson Agent Addressee

B. Received by (Printed Name) Phoebe Anderson C. Date of Delivery 9-15-14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 2739

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

For delivery information visit **OFFICIAL** website

MHF/ENCANA
BLANCO WASH

Postage \$ _____
 Certified Fee \$ 330
 Return Receipt Fee (Endorsement Required) \$ 270
 Restricted Delivery Fee (Endorsement Required) \$ _____

SEP 12 2004
 USA SANTA FE, NM 87413
 Postmark Here

ARLANA R UPSHAW
 PO BOX 1543
 FRUITLAND, NM 87416

For Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 ARLANA R UPSHAW
 PO BOX 1543
 FRUITLAND, NM 87416

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2739

THIS SECTION ON DELIVERY

A. Signature Arleana R Upshaw Agent Addressee

B. Received by (Printed Name) Arleana R Upshaw C. Date of Delivery 9-15-14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 6684

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary if Mailed in the United States)

For delivery information visit **OFFICIAL MAIL™**

MHF/ENCANA
BLANCO WASH

Postage \$ _____
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) _____

SEP 12 2014
SEP 12 2014
Postmark Here

ARMSTRONG, BARBARA J
 PO BOX 6171
 FARMINGTON, NM 87499

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ARMSTRONG, BARBARA J
 PO BOX 6171
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6684

SECTION ON DELIVERY

A. Signature Agent Addressee
Barbara J. Armstrong

B. Received by (Printed Name) Barbara J. Armstrong C. Date of Delivery 9/16/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 6677

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary if Mailed in the United States)

For delivery information visit **OFFICIAL MAIL™**

MHF/ENCANA
BLANCO WASH

Postage \$ _____
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) _____

SEP 17 2014
SEP 17 2014
Postmark Here

ARMSTRONG, JERRY
 25 COUNTY ROAD 5433
 FARMINGTON, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ARMSTRONG, JERRY
 25 COUNTY ROAD 5433
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6677

SECTION ON DELIVERY

A. Signature Agent Addressee
Jerry Armstrong

B. Received by (Printed Name) Jerry Armstrong C. Date of Delivery 9/15/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 6660

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

For delivery information visit **OFFICE** **MHF/ENCANA
BLANCO WASH**

Postage \$ 330

Certified Fee 270

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 169

Postmark Here **SEP 12**

ARMSTRONG, ROGER
2 ROAD 7776
BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ARMSTRONG, ROGER
2 ROAD 7776
BLOOMFIELD, NM 87413

2. Article Number 7006 2760 0001 6377 6660
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Brian Armstrong

B. Received by (Printed Name) **Brian Armstrong**

C. Date of Delivery **9-22-14**

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 2715

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

For delivery information visit **OFFICE** **MHF/ENCANA
BLANCO WASH**

Postage \$ 338

Certified Fee 270

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 169

Postmark Here **SEP 12**

AUSTIN VICTOR
PO BOX 71
NAGEEZI, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AUSTIN VICTOR
PO BOX 71
NAGEEZI, NM 87037

2. Article Number 7006 2760 0001 6378 2715
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Austin Victor

B. Received by (Printed Name) **Austin Victor**

C. Date of Delivery **9/15/14**

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6377 6356

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail Permitted)
 For delivery information visit www.usps.com

MHF/ENCANA
BLANCO WASH

OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
 SEP 12 2014
 SEP 11 2014

AYZE, BETTY L
 PO BOX 142
 NAGEEZI, NM 87037

or Instructions

7006 2760 0001 6378 2845

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail Permitted)
 For delivery information visit www.usps.com

MHF/ENCANA
BLANCO WASH

OFFICE

Postage	\$	109
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
 SEP 12 2014
 SEP 11 2014

BENNY C BEGAY
 PO BOX 4152
 SHIPROCK, NM 87420

or Instructions

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AYZE, BETTY L
 PO BOX 142
 NAGEEZI, NM 87037

2. Article Number: 7006 2760 0001 6377 6356
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Betty AYZE Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Betty AYZE 9-16-14

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

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

4. Restricted Delivery? (Extra Fee) Yes

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BENNY C BEGAY
 PO BOX 4152
 SHIPROCK, NM 87420

2. Article Number: 7006 2760 0001 6378 2845
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Benny Begay Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Benny Begay 9/15/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL**

MHF/ENCANA
BLANCO WASH

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

69

330

270

SEP 12 2004
Postmark Here

BESSIE SIMPSON
19 ROAD 6487
KIRTLAND, NM 87417

PS Form 3800, August 2006

See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL**

MHF/ENCANA
BLANCO WASH

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

350

270

SEP 11 2004
SEP 12 2004
Postmark Here

BETONIE, ELLA M
945 N AUBURN SP #33
FARMINGTON, NM 87401

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BESSIE SIMPSON
19 ROAD 6487
KIRTLAND, NM 87417

2. Article Number

(Transfer from service label)

7006 2760 0001 6378 2838

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BETONIE, ELLA M
945 N AUBURN SP #33
FARMINGTON, NM 87401

2. Article Number

(Transfer from service label)

7006 2760 0001 6377 6349

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Bessie Simpson Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

BESSIE SIMPSON

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

SECTION ON DELIVERY

A. Signature

Ellamac Betonie Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

Ellamac Betonie 9-17-14

3. Service Type

- Certified Mail Express Mail
- Registered Return Receipt for Merchandise
- Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

7006 2760 0001 6377 6332

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

For delivery information
OFFFI

MHF/ENCANA
 BLANCO WASH

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
 SEP 12 2014

BLACKSMITH, RACHEL L
 PO BOX 188
 NAGEEZI, NM 87037

PS Form 3800, August 2006 See reverse for instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BLACKSMITH, RACHEL L
 PO BOX 188
 NAGEEZI, NM 87037

2. Article Number:
 (Transfer from service label) 7006 2760 0001 6377 6332

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Colleen Haccese Agent Addressee

B. Received by (Printed Name)
 Colleen Haccese

C. Date of Delivery
 9/15/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 3002

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

For delivery information
OFFFI

MHF/ENCANA
 BLANCO WASH

Postage	\$	69
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		669

Postmark Here
 SEP 12 2014

BYRON L WERITO
 PO BOX 26
 COUNSELOR, NM 87018

PS Form 3800, August 2006 See reverse for instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BYRON L WERITO
 PO BOX 26
 COUNSELOR, NM 87018

2. Article Number:
 (Transfer from service label) 7006 2760 0001 6378 3002

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Dawnita Herrera Agent Addressee

B. Received by (Printed Name)
 Dawnita Herrera

C. Date of Delivery
 09-17-14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFFI

Postage \$ 6.00

Certified Fee 3.30

Return Receipt Fee (Endorsement Required) 2.70

Restricted Delivery Fee (Endorsement Required) 6.00

Postmark Here: **SEP 18 2014 SANTA FE NM 87505**

CARL LEE BEGAY
PO BOX 2524
KAYENTA, AZ 86033

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFFI

Postage \$ 6.00

Certified Fee 3.30

Return Receipt Fee (Endorsement Required) 2.70

Restricted Delivery Fee (Endorsement Required) 6.00

Postmark Here: **SEP 18 2014 SANTA FE NM 87505**

CARLA A KAYONNIE (BEGAY)
PO BOX 5535
FARMINGTON, NM 87499

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
CARL LEE BEGAY
PO BOX 2524
KAYENTA, AZ 86033

2. Article Number (Transfer from service label) **7006 2760 0001 6378 3224**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Carl Lee Begay

B. Received by (Printed Name) **Carl Lee Begay** C. Date of Delivery **SEP 18 2014**

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
CARLA A KAYONNIE (BEGAY)
PO BOX 5535
FARMINGTON, NM 87499

2. Article Number (Transfer from service label) **7006 2760 0001 6378 2852**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Carla Kayonnie

B. Received by (Printed Name) **Carla Kayonnie** C. Date of Delivery **SEP 18 2014**

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 3101

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

For delivery information visit **OFFICIAL**

MHF/ENCANA
 BLANCO WASH.

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669

Postmark Here
 SEP 12 2014
 SANTA FE, NM

CARLENA JAMES (BEGAY)
 PO BOX 1043
 IGNACIO, CO 81137

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CARLENA JAMES (BEGAY)
 PO BOX 1043
 IGNACIO, CO 81137

2. Article Number (Transfer from service label) 7006 2760 0001 6378 3101

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) JAKE PANGLOSS C. Date of Delivery 9/16/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 2654

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

For delivery information visit **OFFICIAL**

MHF/ENCANA
 BLANCO WASH.

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669

Postmark Here
 SEP 12 2014
 SANTA FE, NM

CARLESTON VICTOR
 PO BOX 266
 NAGEEZI, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CARLESTON VICTOR
 PO BOX 266
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2654

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) Carleston Victor C. Date of Delivery 9/18/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 2777

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

For delivery information via **MHF/ENCANA BLANCO WASH**

OFFI

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669

Postmark Here
 SEP 12 2014
 USPS SANTA FE, NM 87499

CARLOS L BEGAY
 PO BOX 1756
 FARMINGTON, NM 87499

PS Form 3800, August 2006 See Reverse for Instructions

Return

7006 2760 0001 6378 2753

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

For delivery information via **MHF/ENCANA BLANCO WASH**

OFFIC

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669

Postmark Here
 SEP 12 2014
 USPS SANTA FE, NM 87499

CAROLINE BETCHELOR
 PO BOX 397
 NAGEEZI, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

PLACE STICKER AT TOP OF ENVELOPE OR FRONT OF RETURN ADDRESS

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CAROLINE BETCHELOR
 PO BOX 397
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2753

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) Caroline Betchelor C. Date of Delivery 9-15-14

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 0636

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

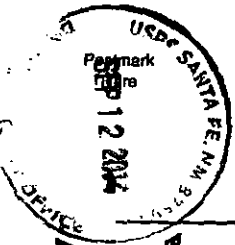
For delivery information visit **usps.com**

OFFICE **MHF/ENCANA**
BLANCO WASH

Postage	\$ 69
Certified Fee	338
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669

Charles B. Edmiaston
P. O. Box 178
Justiceburg, TX 79330

PS Form 3800, August 2006 See Reverse for Instructions



7006 2760 0001 6378 2999

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

For delivery information visit **usps.com**

OFFICE **MHF/ENCANA**
BLANCO WASH

Postage	\$ 69
Certified Fee	338
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669

CHARLES BEGAY JR
2 ROAD 7588
BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions



7006 2760 0001 6377 6455

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Provided)
 For delivery information visit **MHF/ENCANA**
OFFICE **BLANCO WASH**

Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
SEP 12 2004

CHAVEZ, HARRY
 PO BOX 373
 NAGEEZI, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 6448

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Provided)
 For delivery information visit **MHF/ENCANA**
OFFICE **BLANCO WASH**

Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
SEP 12 2004

CHAVEZ, VIRGIL J
 508 N LINCOLN AVE 1
 FARMINGTON, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION **ACTION ON DELIVERY**

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 Addressee
Julia Chavez

B. Received by (Printed Name) Yes No
Julia Chavez

C. Date of Delivery
10-14

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

1. Article Addressed to:
 CHAVEZ, HARRY
 PO BOX 373
 NAGEEZI, NM 87037

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label)
 7006 2760 0001 6377 6455

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 669

SANTA FE, NM
 Postmark Here
 SEP 12 2014

Sent _____
 Sire _____
 or PC _____
 City _____

CHERYL LYNN RARRICK
 28 ROAD 3142
 AZTEC, NM 87410-9583

PS Form 3811, February 2004

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

SANTA FE, NM
 Postmark Here
 SEP 2 2014

MHF/ENCANA
 BLANCO WASH

COMMANCHE, MARY HELEN
 PO BOX 37
 NAGEEZI, NM 87037

PS Form 3800, August 2006

CERTIFIED MAIL

SENDER: COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:

COMMANCHE, MARY HELEN
 PO BOX 37
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label): 7006 2760 0001 6377 6431

3. Service Type

<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Signature Agent Addressee
Mary Helen Comanche

B. Received by (Printed Name) C. Date of Delivery
Mary Helen Comanche 9/16/14

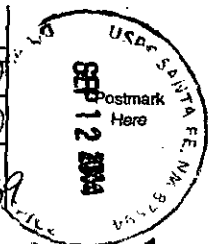
D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

7006 2760 0001 6378 0605

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

For delivery information visit **MHF/ENCANA**
OFFICE BLANCO WASH

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669



Cooksey Family Trust
4925 Greenville Ave, Box 9
Dallas, TX 75206

7006 2760 0001 6377 6424

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

For delivery information visit **MHF/ENCANA**
OFFICE BLANCO WASH

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	



CURLEY, ELVIRA
PO BOX 302
BLOOMFIELD, NM 87413

SENDER: COMPLETE THIS SECTION **ACTION ON DELIVERY**

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

1. Article Addressed to:
**CURLEY, ELVIRA
PO BOX 302
BLOOMFIELD, NM 87413**

2. Article Number: **7006 2760 0001 6377 6424**
(Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: *Eric Curley* Agent
 Addressee

B. Received by (Printed Name): **ERIC CURLEY**

C. Date of Delivery: **9-22-04**

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

7006 2760 0001 6377 6417

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information: **MHF/ENCANA BLANCO WASH**

OFF

Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here: **SEP 12 2014**

CURLEY, ERIC CASEY
PO BOX 302
BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

U.S. POSTAL SERVICE™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information: **MHF/ENCANA BLANCO WASH**

OFF

Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here: **SEP 12 2014**

CURLEY, ERIC CASEY
PO BOX 302
BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION **RETURN ON DELIVERY**

1. Article Addressed to:

CURLEY, ERIC CASEY
PO BOX 302
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label): **7006 2760 0001 6377 6417**

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: *Eric Curley* Agent Addressee
 B. Received by (Printed Name): **ERIC CURLEY**
 C. Date of Delivery: **22-14**
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 6400

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information: **MHF/ENCANA BLANCO WASH**

OFF

Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here: **SEP 2 2014**

CURLEY, JEAN
910 S MEMORIAL DR
SPACE 11
CORTEZ, CO 81321

PS Form 3800, August 2006 See Reverse for Instructions

U.S. POSTAL SERVICE™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information: **MHF/ENCANA BLANCO WASH**

OFF

Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here: **SEP 2 2014**

CURLEY, JEAN
910 S MEMORIAL DR
SPACE 11
CORTEZ, CO 81321

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION **RETURN ON DELIVERY**

1. Article Addressed to:

CURLEY, JEAN
910 S MEMORIAL DR
SPACE 11
CORTEZ, CO 81321

2. Article Number (Transfer from service label): **7006 2760 0001 6377 6400**

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: *Jean Curley* Agent Addressee
 B. Received by (Printed Name): **Jean Curley**
 C. Date of Delivery: **9-13**
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

4899 2292 1000 0922 9000

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)
 For delivery information: **MHF/ENCANA**
BLANCO WASH

OFFICE

Postage	\$	
Certified Fee		370
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Postmark Here: **SEP 12 2011**

CURLEY, MERRIL
4918 BELLFLOWER CIRCLE
FARMINGTON, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6378 2562

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only: No Insurance Coverage Provided)
 For delivery information: **MHF/ENCANA**
BLANCO WASH

OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	600

Postmark Here: **SEP 12 2011**

DAISY CHARLIE LEE
PO BOX 5452
FARMINGTON, NM 87499

for Instructions

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
DAISY CHARLIE LEE
PO BOX 5452
FARMINGTON, NM 87499

2. Article Number, (Transfer from service label)
7006 2760 0001 6378 2562

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Daisy Charlie Lee* Agent Addressee

B. Received by (Printed Name): *Daisy Charlie Lee* C. Date of Delivery: *SEP 15 2011*

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

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

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N... Provided)

For delivery information v...
OFFICIAL
 MHF/ENCANA
 BLANCO WASH

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669

Postmark Here
 SEP 1 2014

DANNY WERITO SR
 PO BOX 1794
 BLOOMFIELD, NM 87413

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 DANNY WERITO SR
 PO BOX 1794
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2623

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Danny Werito Sr Agent Addressee
 B. Received by (Printed Name) DANNY WERITO C. Date of Delivery 9-15-14
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; N... Provided)

For delivery information
OFFICIAL
 MHF/ENCANA
 BLANCO WASH

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669

Postmark Here
 SEP 12 2014

DARLENE J CHARLIE
 4633 GILA ST TRLR 8
 FARMINGTON, NM 87402

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 DARLENE J CHARLIE
 4633 GILA ST TRLR 8
 FARMINGTON, NM 87402

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2821

COMPLETE THIS SECTION ON DELIVERY

A. Signature X Calvin Chavez Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 3019

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Restricted Delivery)

For delivery information visit **OFFICE**

MHF/ENCANA
BLANCO WASH

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 609

Postmark Here
SEP 12 2004

DARRIN BEGAY
2 CR 7588 17A
BLOOMFIELD, NM 87413

PS Form 3811, February 2004 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 DARRIN BEGAY
 2 CR 7588 17A
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7006 2760 0001 6378 3019

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Darrin Begay

B. Received by (Printed Name) *Alison M Begay* C. Date of Delivery *9-16-14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 0650

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Restricted Delivery)

For delivery information visit **OFFICE**

MHF/ENCANA
BLANCO WASH

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 609

Postmark Here
SEP 12 2004

David allen Pierce & Maxine
 Marcella Pierce Revocable Trust
 u/t/a 7/16/1996
 P. O. Box 2802
 Farmington, NM 87499

PS Form 3811, February 2004 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 David allen Pierce & Maxine
 Marcella Pierce Revocable Trust
 u/t/a 7/16/1996
 P. O. Box 2802
 Farmington, NM 87499

2. Article Number (Transfer from service label) 7006 2760 0001 6378 0650

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
David Pierce

B. Received by (Printed Name) *DAVID PIERCE* C. Date of Delivery *9/15/04*

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

For delivery information visit
OFFI

MHF/ENCANA
 BLANCO WASH

Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark: SEP 12 2014

DEBRA J CHAVEZ
 4633 GILA ST TRLR 8
 FARMINGTON, NM 87402

PS Form 3800, August 2006 See Reverse for Instructions

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

For delivery information visit
OFFIC

MHF/ENCANA
 BLANCO WASH

Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark: SEP 2 2014

DICK H CHARLIE ESTATE
 PO BOX 2595
 BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DEBRA J CHAVEZ
 4633 GILA ST TRLR 8
 FARMINGTON, NM 87402

2. Article Number : : : : :
 (Transfer from service label)

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X Cabrincho Addressee

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
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 0711

Domestic Return Receipt 102595-02-M-1540

Return

7006 2760 0001 6378 2395

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

For delivery information: **MHF/ENCANA
 BLANCO WASH**

OFFI

Postage	\$	69
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		669

SEP 17 2014
 Postmark Here
 U.S. POST OFFICE
 SANTA FE, NM 87504

Dick Holland
 1801 West Wall St.
 Midland, TX 79702

PS Form 3800, August 2006 See Reverse for Instructions

RETURN

7006 2760 0001 6378 2876

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

For delivery information: **MHF/ENCANA
 BLANCO WASH**

OFF

Postage	\$	69
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		669

SEP 17 2014
 Postmark Here
 U.S. POST OFFICE
 SANTA FE, NM 87504

DONAHUE E WERITO
 PO BOX 2884
 FARMINGTON, NM 87499

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6378 2869

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) MHF/ENCANA (Endorsed)
 For delivery information: **OFF** BLANCO WASH

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 609

Postmark Here
 SEP 12 2014

DONALLIA WERITO LOPEZ
 2132 ALVARADO DR NE
 ALBUQUERQUE, NM 87110

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 DONALLIA WERITO LOPEZ
 2132 ALVARADO DR NE
 ALBUQUERQUE, NM 87110

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2869

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Donallia Lopez

B. Received by (Printed Name) Donallia Lopez C. Date of Delivery 9/13/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 2784

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) MHF/ENCANA (Endorsed)
 For delivery information: **OFF** BLANCO WASH

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 609

Postmark Here
 SEP 12 2014

DORA MAE TOM (BEGAY)
 PO BOX 399
 RED VALLEY, AZ 86544

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 DORA MAE TOM (BEGAY)
 PO BOX 399
 RED VALLEY, AZ 86544

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2784

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Dora Tom

B. Received by (Printed Name) Dora Tom C. Date of Delivery 9-22-14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 0674

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
MHF/ENCANA
BLANCO WASH

Postage \$ 69
 Certified Fee 338
 Return Receipt Fee (Endorsement Required) 278
 Restricted Delivery Fee (Endorsement Required) 669

SEP 12 2004
 Here

Dorl Vamjprm Reemstma
 P. O. Box 4140
 Farmington, NM 87499

PS Form 3811, August 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Dorl Vamjprm Reemstma
 P. O. Box 4140
 Farmington, NM 87499

2. Article Number (Transfer from service label) 7006 2760 0001 6378 0674

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Paul Schrock

B. Received by (Printed Name) C. Date of Delivery
 Paul Schrock 9/15/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 2456

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL**
MHF/ENCANA
BLANCO WASH

Postage \$ 69
 Certified Fee 338
 Return Receipt Fee (Endorsement Required) 278
 Restricted Delivery Fee (Endorsement Required) 669

SEP 12 2004
 Here

Dugan Production Corp.
 709 East Murray Drive
 Farmington, NM 87401

PS Form 3811, August 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Dugan Production Corp.
 709 East Murray Drive
 Farmington, NM 87401

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2456

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X [Signature]

B. Received by (Printed Name) C. Date of Delivery
 Dugan Bastamant

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 2722

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit www.usps.com

OFFICIAL MAIL

MHF/ENCANA
 BLANCO WASH

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 SEP 12 2004
 U.S. POSTAL SERVICE
 NAGEEZI, NM 87037

ELAINE BETONI
 PO BOX 134
 NAGEEZI, NM 87037

for instructions

7006 2760 0001 6378 2487

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Mail)
 For delivery information visit www.usps.com

OFFICIAL MAIL

MHF/ENCANA
 BLANCO WASH

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 SEP 12 2004
 U.S. POSTAL SERVICE
 AZTEC, NM 87410

ELIZABETH WERO CHAVEZ
 314 S ASH ST
 AZTEC, NM 87410

PS Form 3811, August 2006 See Reverse for Instructions

SEN PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

CERTIFIED MAIL™

THIS SECTION ON DELIVERY

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature
 Edna Betoni Agent Addressee

B. Received by (Printed Name)
 Edna Betoni

C. Date of Delivery
 9/15/14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
 Box 134
 Naguzzi, NM 87037

1. Article Addressed to:
 ELAINE BETONI
 PO BOX 134
 NAGEEZI, NM 87037

2. Article Number ||||| 7006 2760 0001 6378 2722
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

A. Signature
 Elizabeth Chavez Agent Addressee

B. Received by (Printed Name)
 ELIZABETH CHAVEZ

C. Date of Delivery
 9/16/14

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

1. Article Addressed to:
 ELIZABETH WERO CHAVEZ
 314 S ASH ST
 AZTEC, NM 87410

2. Article Number ||||| 7006 2760 0001 6378 2487
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 0582

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

For delivery information: **OFF**

MHF/ENCANA
 BLANCO WASH

Postage \$ 6.9
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)

Postmark Here
 SEP 12 2014
 USPS SANTA BE, NM 87704

ELSR, Limited Partnership
 8080 N. Central Expressway
 Suite 1420, LB #12,
 Dallas, TX 75206

PS Form 3800, August 2009

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 ELSR, Limited Partnership
 8080 N. Central Expressway
 Suite 1420, LB #12,
 Dallas, TX 75206

2. Article Number: 7006 2760 0001 6378 0582
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Todd Reynolds

C. Date of Delivery 9/15/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 2647

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

For delivery information: **OFF**

MHF/ENCANA
 BLANCO WASH

Postage \$ 6.9
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)

Postmark Here
 SEP 12 2014
 USPS SANTA BE, NM 87704

ERNEST VICTOR
 PO BOX 112
 NAGEEZI, NM 87037

PS Form 3800, August 2009

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 ERNEST VICTOR
 PO BOX 112
 NAGEEZI, NM 87037

2. Article Number: 7006 2760 0001 6378 2647
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Ernest Victor

C. Date of Delivery 9/15/14

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

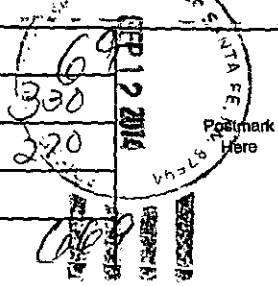
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information: **OFFICE**
MHF/ENCANA
BLANCO WASH

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		



ETHEL P SMITH
PO BOX 1943
BLOOMFIELD, NM 87413

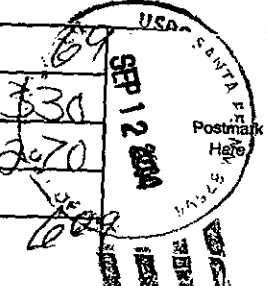
for Instructions

7006 2760 0001 6378 2791

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information: **OFFICE**
MHF/ENCANA
BLANCO WASH

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		



GABRIEL WERITO
2614 E 20TH ST APT C2
FARMINGTON, NM 87401

for Instructions

7006 2760 0001 6378 3071

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ETHEL P SMITH
PO BOX 1943
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7006 2760 0001 6378 2791**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Ethel Smith** Agent Addressee
 B. Received by (Printed Name) **Ethel P. Smith**
 C. Date of Delivery **9-15-14**
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

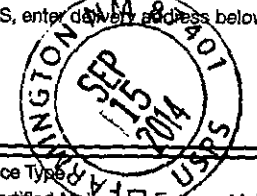
GABRIEL WERITO
2614 E 20TH ST APT C2
FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7006 2760 0001 6378 3071**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **Arion Werito** Agent Addressee
 B. Received by (Printed Name) **Arion Werito**
 C. Date of Delivery **9/15/14**
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
 4. Restricted Delivery? (Extra Fee) Yes



7006 2760 0001 6377 6387

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

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICIAL USE

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

Postmark Here: **SEP 12 2011**

GARCIA, ALVIN
PO BOX 512
BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

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

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICIAL USE

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

Postmark Here: **SEP 12 2011**

GARCIA, ALVIN
PO BOX 512
BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
GARCIA, ALVIN
PO BOX 512
BLOOMFIELD, NM 87413

2. Article Number: **7006 2760 0001 6377 6387**
(Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) Yes

RECIPIENT: COMPLETE THIS SECTION

A. Signature: *Alvin Garcia* Agent Addressee

B. Received by (Printed Name): **Alvin Garcia**

C. Date of Delivery: **9/17/11**

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 6387

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

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICIAL USE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here: **SEP 12 2011**

GARCIA, EDDIE
PO BOX 1424
BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

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

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICIAL USE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here: **SEP 12 2011**

GARCIA, EDDIE
PO BOX 1424
BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
GARCIA, EDDIE
PO BOX 1424
BLOOMFIELD, NM 87413

2. Article Number: **7006 2760 0001 6377 6387**
(Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) Yes

RECIPIENT: COMPLETE THIS SECTION

A. Signature: *Eddie Garcia* Agent Addressee

B. Received by (Printed Name): **Eddie Garcia**

C. Date of Delivery: **9-16-11**

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 6363

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL MAIL™**

MHF/ENCANA
BLANCO WASH

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
SEP 12 2014

GARCIA, ELVIS
PO BOX 181
BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 6653

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL MAIL™**

MHF/ENCANA
BLANCO WASH

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
SEP 12 2014

GARCIA, SEBRANA L
600 W BLANCO BLVD
APT 40
BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 GARCIA, ELVIS
 PO BOX 181
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label): 7006 2760 0001 6377 6363

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): Trinnie Jim C. Date of Delivery: 9-15-14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 GARCIA, SEBRANA L
 600 W BLANCO BLVD
 APT 40
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label): 7006 2760 0001 6377 6653

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): Sebrana Garcia C. Date of Delivery: 9/26/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 2975

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

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICE

Postage \$ 0.9
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 6.09

SEP 12 2014
 POSTMARK HERE
 U.S. POSTAL SERVICE
 SANTA FE, NM 87504

GARY BEGAY
 2 ROAD 7588
 BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GARY BEGAY
 2 ROAD 7588
 BLOOMFIELD, NM 87413

2. Article Number 1111 7006 2760 0001 6378 2975
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Gary Begay

B. Received by (Printed Name) Gary Begay C. Date of Delivery 9-16-14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 2708

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

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICE

Postage \$ 0.9
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required) 6.09

SEP 12 2014
 POSTMARK HERE
 U.S. POSTAL SERVICE
 SANTA FE, NM 87504

GEORGE WERITO
 PO BOX 3515
 FARMINGTON, NM 87499

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GEORGE WERITO
 PO BOX 3515
 FARMINGTON, NM 87499

2. Article Number 1111 7006 2760 0001 6378 2708
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
George Werito

B. Received by (Printed Name) George Werito C. Date of Delivery 9/15/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 2555

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) Insurance Coverage Provided
 For delivery information: **MHF/ENCANA BLANCO WASH**
OFFICIAL MAIL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here: **SEP 12 2014**

GLADYS STEWART, C/O
 AGNETHA GLOSHAY
 3415 MATA ORTIZ DR SW
 ALBUQUERQUE, NM 87121

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 GLADYS STEWART, C/O
 AGNETHA GLOSHAY
 3415 MATA ORTIZ DR SW
 ALBUQUERQUE, NM 87121

2. Article Number (Transfer from service label): 7006 2760 0001 6378 2555

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *Patricke Higgins* C. Date of Delivery: *9/16/14*

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

3. Service Type:
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D. NM 87121-999

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 0551

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) Insurance Coverage Provided
 For delivery information: **MHF/ENCANA BLANCO WASH**
OFFICIAL MAIL

Postage	\$ 69
Certified Fee	300
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here: **SEP 12 2014**

Grover Family, LP
 P. O. Box 3666
 Midland, TX 79702

PS Form 3811, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Grover Family, LP
 P. O. Box 3666
 Midland, TX 79702

2. Article Number (Transfer from service label): 7006 2760 0001 6378 0551

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *David Grover* C. Date of Delivery: *09/16/14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 6554

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL MAIL™**
 MHF/ENCANA
 BLANCO WASH

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)

Postmark Here
 SEP 12 2014
 SAN JUAN, NM

HACEESA, EDWARD
 PO BOX 402
 NAGEEZI, NM 87037

PS Form 3800, August 2000. See reverse for instructions.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HACEESA, EDWARD
 PO BOX 402
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6554

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 Edward Hacesa

B. Received by (Printed Name) Edward Hacesa
 C. Date of Delivery 9/12/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6377 6547

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL MAIL™**
 MHF/ENCANA
 BLANCO WASH

Postage \$
 Certified Fee 3.30
 Return Receipt Fee (Endorsement Required) 2.70
 Restricted Delivery Fee (Endorsement Required)

Postmark Here
 SEP 12 2014
 SAN JUAN, NM

HACEESA, HARVEY
 PO BOX 393
 NAGEEZI, NM 87037

PS Form 3800, August 2000. See reverse for instructions.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HACEESA, HARVEY
 PO BOX 393
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6547

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 Valerie Hacesa

B. Received by (Printed Name) Valerie Hacesa
 C. Date of Delivery 9/16/2014

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

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

4. Restricted Delivery? (Extra Fee) Yes

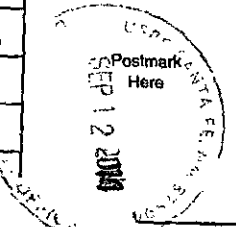
7006 2760 0001 6377 6479

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/ENCANA**
OFFICIAL **BLANCO WASH**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		



HACESSA, HOWARD
PO BOX 393
NAGEEZI, NM 87037



CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HACESSA, HOWARD
PO BOX 393
NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6479

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SECTION ON DELIVERY

A. Signature Valene Hacesa Agent Addressee

B. Received by (Printed Name) Valene Hacesa C. Date of Delivery 9/16/2014

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

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

4. Restricted Delivery? (Extra Fee) Yes

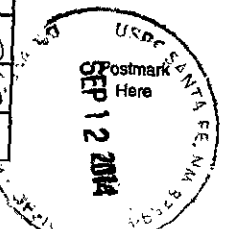
7006 2760 0001 6377 6530

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **MHF/ENCANA**
OFFICIAL **BLANCO WASH**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		



HACEESA, RANDELL
PO BOX 188
NAGEEZI, NM 87037



CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HACEESA, RANDELL
PO BOX 188
NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6530

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SECTION ON DELIVERY

A. Signature Colleen Hacesa Agent Addressee

B. Received by (Printed Name) Colleen Hacesa C. Date of Delivery 9/15/14

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

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

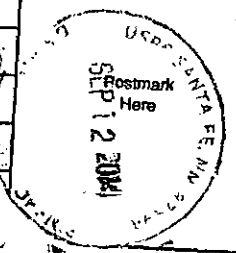
4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6377 6523 9002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information
OFFFI
MHF/ENCANA
BLANCO WASH

Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	



HACEESA, RHONDA L
PO BOX 188
NAGEEZI, NM 87037

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HACEESA, RHONDA L
PO BOX 188
NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6523

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SECTION ON DELIVERY

A. Signature Colleen Hacesa Agent Addressee

B. Received by (Printed Name) Colleen Hacesa C. Date of Delivery 9/15/14

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

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

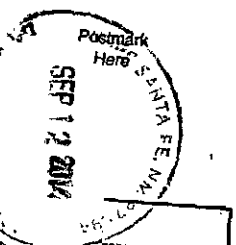
4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6377 6516 9002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information
OFFFI
MHF/ENCANA
BLANCO WASH

Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	



HACEESA, ROLINDA L
PO BOX 188
NAGEEZI, NM 87037

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

HACEESA, ROLINDA L
PO BOX 188
NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6516

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SECTION ON DELIVERY

A. Signature Colleen Hacesa Agent Addressee

B. Received by (Printed Name) Colleen Hacesa C. Date of Delivery 9/15/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6377 6509

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICIAL USE

Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here: **SEP 4 2004** (USPS SANTA FE, NM 87505)

HACEESA, ROLINDA L
 PO BOX 188
 NAGEEZI, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL

SENDER: PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

ACTION ON DELIVERY

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HACEEESA, ROLINDA L
 PO BOX 188
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label): 7006 2760 0001 6377 6509

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: *Colleen Hacesa* Agent Addressee
 B. Received by (Printed Name): *Colleen Hacesa* C. Date of Delivery: *9/15/04*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 6493

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICIAL USE

Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here: **SEP 2 2004** (USPS SANTA FE, NM 87505)

HACEESA, RONNIE A
 PO BOX 188
 NAGEEZI, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL

SENDER: PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

ACTION ON DELIVERY

1. Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 2. Print your name and address on the reverse so that we can return the card to you.
 3. Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HACEEESA, RONNIE A
 PO BOX 188
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label): 7006 2760 0001 6377 6493

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: *Colleen Hacesa* Agent Addressee
 B. Received by (Printed Name): *Colleen Hacesa* C. Date of Delivery: *9/15/04*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 6486

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit **MHF/ENCANA**
OFFICIAL USE **BLANCO WASH**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

HACEESA, RONNIE A
 PO BOX 188
 NAGEEZI, NM 87037

Postmark Here
 SEP 12 2014
 U.S. POSTAL SERVICE
 SANTA FE, NM 87501

PS Form 3800, August 2006 See Reverse for Instructions

SEND **CERTIFIED MAIL** **SECTION ON DELIVERY**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HACEESA, RONNIE A
 PO BOX 188
 NAGEEZI, NM 87037

2. Article Number: 7006 2760 0001 6377 6486
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: Colleen Hacesa Agent Addressee
 B. Received by (Printed Name): Colleen Hacesa
 C. Date of Delivery: 9/15/14
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 6462

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance)
 For delivery information visit **MHF/ENCANA**
OFFICIAL USE **BLANCO WASH**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

HARRISON JR, JOHNSON
 PO BOX 111
 NAGEEZI, NM 87037

Postmark Here
 SEP 12 2014
 U.S. POSTAL SERVICE
 SANTA FE, NM 87501

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE **CERTIFIED MAIL** **SECTION ON DELIVERY**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HARRISON JR, JOHNSON
 PO BOX 111
 NAGEEZI, NM 87037

2. Article Number: 7006 2760 0001 6377 6462
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: Sarah Harrison Agent Addressee
 B. Received by (Printed Name): Sarah Harrison
 C. Date of Delivery: 9-5-14
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 6288

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information: **MHF/ENCANA BLANCO WASH**
OFFFI

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
 SEP 12 2014

HARRISON, JUDY
 PO BOX 453
 NAGEEZI, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HARRISON, JUDY
 PO BOX 453
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6288

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Judy Harrison*

B. Received by (Printed Name) Received by (Printed Name) *JOHNSON HARRISON SR* C. Date of Delivery *9-11-14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6377 6646

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information: **MHF/ENCANA BLANCO WASH**
OFFFI

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
 SEP 12 2014

HARRISON, PAULINE
 PO BOX 307
 NAGEEZI, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HARRISON, PAULINE
 PO BOX 307
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6646

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Pauline Harrison*

B. Received by (Printed Name) Received by (Printed Name) *Pauline Harrison* C. Date of Delivery *9-16-14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6377 6639

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information visit **OFFICIAL** **MHF/ENCANA BLANCO WASH**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669

Postmark: SEP 12 2004

HARRISON, SARAH
 PO BOX 111
 NAGEEZI, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HARRISON, SARAH
 PO BOX 111
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6639

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Sarah Harris

B. Received by (Printed Name) Sarah Harris C. Date of Delivery 9-15-14

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 2692

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

For delivery information visit **OFFICIAL** **MHF/ENCANA BLANCO WASH**

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669

Postmark: SEP 2 2004

HARRY VICTOR
 PO BOX 281
 NAGEEZI, NM 87037

for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HARRY VICTOR
 PO BOX 281
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2692

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Harry Victor

B. Received by (Printed Name) HARRY VICTOR C. Date of Delivery 9-16-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
 9

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

4. Restricted Delivery? (Extra Fee) Yes

34

7006 2760 0001 6378 2661

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

For delivery information visit **OFFICE**
MHF/ENCANA
BLANCO WASH

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
 SEP 12 2014
 USA OF SANTA FE, NM

HARRY VIGIL
 PO BOX 6805
 FARMINGTON, NM 87499

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6378 0575

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

For delivery information visit **OFFICE**
MHF/ENCANA
BLANCO WASH

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
 SEP 12 2014
 USA OF SANTA FE, NM

HDBC Investments, Limited
 P. O. Box 12766
 Dallas, TX 75225

for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Mrs. H.D. Carter</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>MRS. H.D. CARTER</i></p> <p>C. Date of Delivery <i>SEP 16 2014</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>HDBC Investments, Limited P. O. Box 12766 Dallas, TX 75225</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number: <i>7006 2760 0001 6378 0575</i> (Transfer from service label)</p>	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 6622

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary for Delivery)
 For delivery information: **MHF/ENCANA BLANCO WASH**
OFFICE

Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 SEP 12 2014

HERNANDEZ, SANDY M
 PO BOX 75
 BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

Return

7006 2760 0001 6377 6615

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Necessary for Delivery)
 For delivery information: **MHF/ENCANA BLANCO WASH**
OFFICE

Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 SEP 12 2014

HOLIDAY, PAULINE M
 HOUSE 4 COUNTY RD 7776
 BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION **RECIPIENT: COMPLETE THIS SECTION**

1. Article Addressed to:
 HOLIDAY, PAULINE M
 HOUSE 4 COUNTY RD 7776
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label): 7006 2760 0001 6377 6615

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: *Pauline M. Holiday* Agent Addressee
 B. Received by (Printed Name): **Pauline Holiday**
 C. Date of Delivery: **9-22-14**
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 6608

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

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICIAL USE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Postmark Here: **SEP 12 2014**

HOSESSES, LOURA
 PO BOX 405
 NAGEEZI, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6376 2425

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

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICIAL USE

Postage	\$	
Certified Fee		338
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		169

Postmark Here: **SEP 12 2014**

Icon Petroleum, Inc.
 1411 West Illinois Ave.
 Midland, TX 79701

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HOSESSES, LOURA
 PO BOX 405
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label): 7006 2760 0001 6377 6608

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Agent Addressee
 X *Laura Hosseza*

B. Received by (Printed Name): *Laura Hosseza*

C. Date of Delivery: *9/11/14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Icon Petroleum, Inc.
 1411 West Illinois Ave.
 Midland, TX 79701

2. Article Number (Transfer from service label): 7006 2760 0001 6376 2425

COMPLETE THIS SECTION ON DELIVERY

A. Signature: Agent Addressee
 X *[Signature]*

B. Received by (Printed Name): *JAMES SMITH*

C. Date of Delivery: *9-16-14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 2678

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

For delivery information: **OFFI**

MHF/ENCANA
 BLANCO WASH

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

SEP 12 2004
 USA POST OFFICE SANTA FE, NM 87501

IDA WERITO BENALLY
 PO BOX 1006
 AZTEC, NM 87410

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 IDA WERITO BENALLY
 PO BOX 1006
 AZTEC, NM 87410

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2678

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Pauline Werito

B. Received by (Printed Name) *Pauline Werito* C. Date of Delivery *9/17/14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 3200

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

For delivery information: **OFF**

MHF/ENCANA
 BLANCO WASH

Postage \$ 169

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

SEP 12 2004
 USA POST OFFICE SANTA FE, NM 87501

IRA S WERITO
 PO BOX 2535
 BLOOMFIELD, NM 87413

for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 IRA S WERITO
 PO BOX 2535
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7006 2760 0001 6378 3200

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Ira Sam Werito

B. Received by (Printed Name) *IRA Sam Werito* C. Date of Delivery *9/15/14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

40

6290 9768 1000 0922 9007

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

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669

Postmark Here: SEP 12 2014

James H. Essman
 P. O. Box 302
 Midland, TX 79702

PS Form 3811, August 2006 See Reverse for Instructions

9590 9768 1000 0922 9007

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

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669

Total Postage & Fees: \$ 1368

Postmark Here: SEP 12 2014

James R. Leeton, Jr.
 San Juan Royalty JV-90
 P. O. Box 10561
 Midland, TX 79702

PS Form 3811, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 James H. Essman
 P. O. Box 302
 Midland, TX 79702

2. Article Number: 7006 2760 0001 6378 0629
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *N. Sykes* Agent Addressee

B. Received by (Printed Name): *N. Sykes* C. Date of Delivery: *9-17-14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 James R. Leeton, Jr.
 San Juan Royalty JV-90
 P. O. Box 10561
 Midland, TX 79702

2. Article Number: 7006 2760 0001 6378 0568
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *J. Leeton* Agent Addressee

B. Received by (Printed Name): *J. Leeton* C. Date of Delivery: *9-16-14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 2401

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

For delivery information visit **OFFICIAL WEBSITE**

MHF/ENCANA
BLANCO WASH

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669

Postmark Here
 SEP 12 2014
 U.S. POST OFFICE SANTA FE, NM 37594

Janice P. Campbell
 P. O. Box 2503
 Midland, TX 79702

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6378 3118

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

For delivery information visit **OFFICIAL WEBSITE**

MHF/ENCANA
BLANCO WASH

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669

Postmark Here
 SEP 12 2014
 U.S. POST OFFICE SANTA FE, NM 37594

JERRY BEGAY
 CR 7588 R2 #17A
 BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE OF THE RETURN ADDRESS, FOLD

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Janice P. Campbell
 P.O. Box 2503
 Midland, TX 79702

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2401

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Anna Sites Agent Addressee

B. Received by (Printed Name) alicia sites C. Date of Delivery 9/17/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) MHF/ENCANA
 For delivery information visit **BLANCO WASH**
OFFICIAL RECEIPT

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	60
Total Postage & Fees	\$ 669

Postmark Here
 SEP 12 2014
 UCRP SANTA FE NM
 77006 2760 0001 6378 2524

JERRY VIGIL
 PO BOX 1836
 FARMINGTON, NM 87499

PS Form 3800, August 2006 See reverse for instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 JERRY VIGIL
 PO BOX 1836
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2524

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Louis Vigil*

B. Received by (Printed Name) *Susie Vigil* C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) MHF/ENCANA
 For delivery information visit **BLANCO WASH**
OFFICIAL RECEIPT

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	60
Total Postage & Fees	\$ 669

Postmark Here
 SEP 12 2014
 UCRP SANTA FE NM
 77006 2760 0001 6378 2883

JUDY M BEGAY
 2 ROAD 7588
 BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See reverse for instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 JUDY M BEGAY
 2 ROAD 7588
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2883

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Judy M Begay*

B. Received by (Printed Name) *Judy M Begay* C. Date of Delivery *9-15-14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 2548

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

For delivery information: **OFF**

MHF/ENCANA BLANCO WASH

Postage	\$ 69
Certified Fee	338
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669
Total Postage & Fees	

Postmark Here: SEP 12 2004

KATHLEEN VICTOR
600 W BLANCO BLVD
APT 19
BLOOMFIELD, NM 87413

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
KATHLEEN VICTOR
600 W BLANCO BLVD
APT 19
BLOOMFIELD, NM 87413

2. Article Number: 7006 2760 0001 6378 2548
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Kathleen Victor* Agent Addressee

B. Received by (Printed Name): *Kathleen Victor* C. Date of Delivery: 9/13/04

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 3095

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

For delivery information: **OFF**

MHF/ENCANA BLANCO WASH

Postage	\$ 69
Certified Fee	338
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark Here: SEP 12 2004

KEE VIGIL JR
COUNTY RD 5109 #8
BLOOMFIELD, NM 87413

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
KEE VIGIL JR
COUNTY RD 5109 #8
BLOOMFIELD, NM 87413

2. Article Number: 7006 2760 0001 6378 3095
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Keel Vigil Jr* Agent Addressee

B. Received by (Printed Name): *Keel Vigil Jr* C. Date of Delivery:

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 0698

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) MHF/ENCANA
 For delivery information BLANCO WASH
OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669



Kennedy Minerals, Ltd
 48 Road 6050
 Farmington, NM 87401

PS Form 3800, August 2006 See reverse for instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Kennedy Minerals, Ltd
 48 Road 6050
 Farmington, NM 87401

2. Article Number (Transfer from service label) 7006 2760 0001 6378 0698

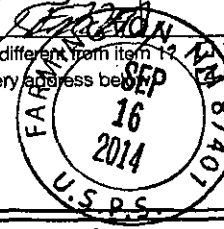
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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



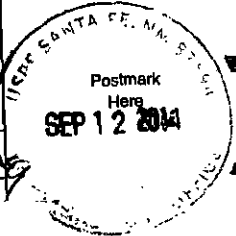
3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 2807

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) MHF/ENCANA
 For delivery information BLANCO WASH
OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669



KEVIN CHARLEY
 PO BOX 103
 NAGEEZI, NM 87037

PS Form 3800, August 2006 See reverse for instructions

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 KEVIN CHARLEY
 PO BOX 103
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2807

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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

Received by: Kevin Charley
 Date of Delivery: 9/15/14

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

4. Restricted Delivery? (Extra Fee) Yes

2494 9299 0001 6378 2494

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) (Insurance Coverage Provided)

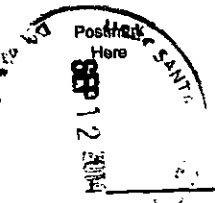
For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	69

Kevin K. Leonard
 P. O. Box 50642
 Midland, TX 79710

PS Form 3800, August 2006 See Reverse for Instructions.



4642 9299 0001 6378 2494

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only) (Insurance Coverage Provided)

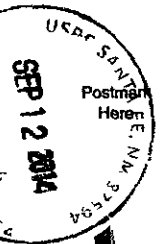
For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Larry leon Parish
 16127 Chasemore Drive
 Spring, TX 77379

PS Form 3811, February 2004 See Reverse for Instructions.



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Larry leon Parish
 16127 Chasemore Drive
 Spring, TX 77379

2. Article Number: 7006 2760 0001 6378 2494
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): _____ C. Date of Delivery: 9-15

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

9220 9269 1000 0922 9000

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

For delivery information: **MHF/ENCANA BLANCO WASH**

OFF

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required)

Postmark Here: **SEP 12 2004**

LAWRENCE CHARLIE
PO BOX 5452
FARMINGTON, NM 87499

PS Form 3811, August 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
LAWRENCE CHARLIE
PO BOX 5452
FARMINGTON, NM 87499

2. Article Number (Transfer from service label): **7006 2760 0001 6378 10728**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Daisy Charles* Agent Addressee

B. Received by (Printed Name): _____ C. Date of Delivery: _____

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 3217

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **MHF/ENCANA BLANCO WASH**

OFF

Postage \$ 69

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required)

Postmark Here: **SEP 12 2004**

LAWRENCE JACQUEZ
PO BOX 275
NAGEEZI, NM 87037

PS Form 3811, August 2004 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
LAWRENCE JACQUEZ
PO BOX 275
NAGEEZI, NM 87037

2. Article Number (Transfer from service label): **7006 2760 0001 6378 3217**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *LAWRENCE JACQUEZ* Agent Addressee

B. Received by (Printed Name): **LAWRENCE JACQUEZ** C. Date of Delivery: **9/16/04**

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 2586

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

For delivery information visit **OFFIC**

MHF/ENCANA
BLANCO WASH

Postage	\$	1.69
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
SEP 12 2014

LEONARD MASON JR
PO BOX 1604
FRUITLAND, NM 87416

PS Form 3811, February 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LEONARD MASON JR
P.O. BOX 1604
FRUITLAND, NM 87416

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2586

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Mariah James

B. Received by (Printed Name) *Mariah James* C. Date of Delivery *SEP 14 2014*

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 2760

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

For delivery information visit **OFFIC**

MHF/ENCANA
BLANCO WASH

Postage	\$	1.69
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
SEP 12 2014

LEONARD MASON SR
PO BOX 1604
FRUITLAND, NM 87416

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LEONARD MASON SR
PO BOX 1604
FRUITLAND, NM 87416

2. Article Number (Transfer from service label) 7006 2760 0001 6378 1276011

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Mariah James

B. Received by (Printed Name) *Mariah James* C. Date of Delivery *SEP 14 2014*

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 6592

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information: **MHF/ENCANA BLANCO WASH**
OFFICIAL

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		

Postmark Here: SEP 12 2014

LEVATO, CALVIN
 PO BOX 1191
 IGNACIO, CO 81137

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information: **MHF/ENCANA BLANCO WASH**
OFFICIAL

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		

Postmark Here: SEP 12 2014

LEVATO, CALVIN
 PO BOX 1191
 IGNACIO, CO 81137

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)
 For delivery information: **MHF/ENCANA BLANCO WASH**
OFFICIAL

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		

Postmark Here: SEP 12 2014

LEVATO, WENDELL L
 PO BOX 1191
 IGNACIO, CO 81137

PS Form 3800, August 2006 See Reverse for Instructions

SENDER'S SECTION (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT)

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 LEVATO, CALVIN
 PO BOX 1191
 IGNACIO, CO 81137

2. Article Number (Transfer from service label): 7006 2760 0001 6377 6592

SECTION ON DELIVERY

A. Signature: Christine Levato Agent Addressee

B. Received by (Printed Name): Christine Levato

C. Date of Delivery: 9/17/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER'S SECTION (PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT)

Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 Print your name and address on the reverse so that we can return the card to you.
 Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 LEVATO, WENDELL L
 PO BOX 1191
 IGNACIO, CO 81137

2. Article Number (Transfer from service label): 7006 2760 0001 6377 6585

SECTION ON DELIVERY

A. Signature: Christine Levato Agent Addressee

B. Received by (Printed Name): Christine Levato

C. Date of Delivery: 9/17/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 6578

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

For delivery information, visit **OFFICIAL** **MHF/ENCANA BLANCO WASH**

Postage \$	
Certified Fee	230
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

LEWIS, JEFFERSON
 PO BOX 241
 NAGEEZI, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL™

SENDER: PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LEWIS, JEFFERSON
 PO BOX 241
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6578

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature Agent Addressee
Jefferson Lewis

B. Received by (Printed Name) Return Receipt for Merchandise
 JEFFERSON LEWIS

C. Date of Delivery 9-15-14

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6377 6561

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

For delivery information, visit **OFFICIAL** **MHF/ENCANA BLANCO WASH**

Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

LEWIS, ROBINSON
 PO BOX 31
 NAGEEZI, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL™

SENDER: PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LEWIS, ROBINSON
 PO BOX 31
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6561

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature Agent Addressee
Robinson Lewis

B. Received by (Printed Name) Return Receipt for Merchandise
 Robinson Lewis

C. Date of Delivery 9/26/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6377 6110

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; **OFFICIAL**)

For delivery information: **MHF/ENCANA BLANCO WASH**

Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here: **SEP 12 2014**

LEWIS, SUSAN
 PO BOX 785
 CUBA, NM 87013

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 LEWIS, SUSAN
 PO BOX 785
 CUBA, NM 87013

2. Article Number (Transfer from service label): 7006 2760 0001 6377 6110

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X** *Serapino Castillo* Agent Addressee

B. Received by (Printed Name): *Serapino Cast. No* C. Date of Delivery: *9/15/14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6377 6103

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; **OFFICIAL**)

For delivery information: **MHF/ENCANA BLANCO WASH**

Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here: **SEP 12 2014**

LEWIS, THOMAS
 PO BOX 314
 NAGEEZI, NM 87037

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 LEWIS, THOMAS
 PO BOX 314
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label): 7006 2760 0001 6377 6103

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X** *Thomas Lewis* Agent Addressee

B. Received by (Printed Name): *Thomas Lewis* C. Date of Delivery: *9/15/14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

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

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFFI

Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

LONE BEAR, DANA ALINE
 PO BOX 1312
 NEW TOWN, ND 58763

7006 2760 0001 6377 6097

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

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFFI

Postage \$	69
Certified Fee	338
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

SEP 12 2014

LOUISE BEGAY HARKES
 PO BOX 2166
 BLOOMFIELD, NM 87413

7006 2760 0001 6378 2685

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery <i>Shirley Harkes</i> 9-15-14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to:	
LOUISE BEGAY HARKES PO BOX 2166 BLOOMFIELD, NM 87413	
2. Article Number: (Transfer from service label)	7006 2760 0001 6378 2685
3. Service Type	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> S.O.D.
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes

7006 2760 0001 6378 0704

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

For delivery information visit **OFFICIAL MAIL™**
MHF/ENCANA BLANCO WASH

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 SEP 12 2014

LUCY A MASON
 PO BOX 1862
 BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 LUCY A MASON
 PO BOX 1862
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 0704

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Venora Upshaw Agent Addressee

B. Received by (Printed Name)
 Venora Upshaw

C. Date of Delivery
 9-15-14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 0476

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

For delivery information visit **OFFICIAL MAIL™**
MHF/ENCANA BLANCO WASH

Postage	\$ 49
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 SEP 12 2014

Marilyn F. Menasco Revocable Trust dated 10/25/1996
 7714 Stuebenway
 Stockton, CA 95270

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Marilyn F. Menasco Revocable Trust dated 10/25/1996
 7714 Stuebenway
 Stockton, CA 95270

2. Article Number (Transfer from service label)
 7006 2760 0001 6378 0476

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Marilyn F. Menasco Agent Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 0735

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **OFF**

MHF/ENCANA
 BLANCO WASH

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669

SEP 12 2014
 FRUITLAND, NM 87416

MARLENA MASON
 PO BOX 1604
 FRUITLAND, NM 87416

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARLENA MASON
 PO BOX 1604
 FRUITLAND, NM 87416

2. Article Number (Transfer from service label) 7006 2760 0001 6378 0735

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Mariah James

B. Received by (Printed Name) Mariah James C. Date of Delivery SEP 14 2014

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

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

4. Restricted Delivery? (Extra Fee) Yes

SEP 15 2014
 FRUITLAND, NM 87416

7006 2760 0001 6378 2470

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information: **OFF**

MHF/ENCANA
 BLANCO WASH

Postage \$ 69
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 669

SEP 12 2014
 FRUITLAND, NM 87416

MARLENE MASON
 PO BOX 1604
 FRUITLAND, NM 87416

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARLENE MASON
 PO BOX 1604
 FRUITLAND, NM 87416

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2470

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Mariah James

B. Received by (Printed Name) Mariah James C. Date of Delivery SEP 14 2014

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

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

4. Restricted Delivery? (Extra Fee) Yes

SEP 15 2014
 FRUITLAND, NM 87416

7006 2760 0000 6377 6066

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Postage Necessary for Return)

For delivery information visit **OFFICIAL WEBSITE**

MHF/ENCANA
 BLANCO WASH

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 SEP 12 2014
 SANTA FE, NM

MARTINEZ, DOREEN F
 PO BOX 65444
 ALBUQUERQUE, NM 87193

PS Form 3800, August 2006 See Reverse for Instructions

RETURN

7006 2760 0000 6377 6066

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Postage Necessary for Return)

For delivery information visit **OFFICIAL WEBSITE**

MHF/ENCANA
 BLANCO WASH

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 SEP 12 2014
 SANTA FE, NM

MARTINEZ, EMMETT
 1300 NEW HAMPSHIRE 63
 ROCKSPRING, WY 82901

PS Form 3800, August 2006 See Reverse for Instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Postage Necessary for Return)

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARTINEZ, EMMETT
 1300 NEW HAMPSHIRE 63
 ROCKSPRING, WY 82901

2. Article Number: 7006 2760 0000 6377 6066
 (Transfer from service label)

ACTION ON DELIVERY

A. Signature Agent
Emmett Martinez Addressee

B. Received by (Printed Name) *Emmett Martinez* C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

ROCKSPRING, WY 82901

7006 2760 0001 6377 6080

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Insurance Coverage Provided)

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICIAL

Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 SEP 12 2006

MARTINEZ ESTATE, ROSE M
 EASTERN NAVAJO AGENCY
 PO BOX 328
 CROWNPOINT, NM 87313

PS Form 3800, August 2006 See Reverse for Instructions

SEND **CERTIFIED MAIL** **SECTION ON DELIVERY**

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MARTINEZ ESTATE, ROSE M
 EASTERN NAVAJO AGENCY
 PO BOX 328
 CROWNPOINT, NM 87313

2. Article Number: 7006 2760 0001 6377 6080
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature: **X Malida Smith** Agent Addressee
 B. Received by (Printed Name): **Malida Smith**
 C. Date of Delivery: **9-15-14**

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 6059

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

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICIAL

Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 SEP 12 2006

MARTINEZ, LLOYD E
 5304 BANDELIER DR NW
 ALBUQUERQUE, NM 87011

PS Form 3800, August 2006 See Reverse for Instructions

Return

7006 2760 0001 6377 6042

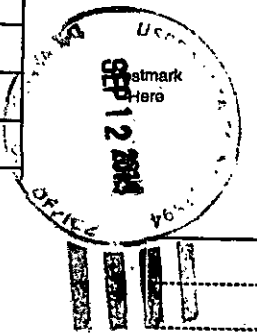
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICE**
MHF/ENCANA
BLANCO WASH

Postage	\$	
Certified Fee		3.00
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		

MARTINEZ, VERNA
 PO BOX 26
 NAGEEZI, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions



CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARTINEZ, VERNA
 PO BOX 26
 NAGEEZI, NM 87037

2. Article Number: **7006 2760 0001 6377 6042**
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *x Verna Martinez* Agent Addressee

B. Received by (Printed Name): *Verna Martinez* C. Date of Delivery: *9-23-14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 2418

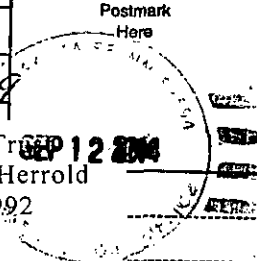
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICE**
MHF/ENCANA
BLANCO WASH

Postage	\$	6.69
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		

Mary L. Herrold Revocable Trust dated 1/7/1992 & Donald L. Herrold Revocable Trust dated 1/7/1992
 6748 South Atlantic Place
 Tulsa, OK 74136

PS Form 3800, August 2006 See Reverse for Instructions



7006 2760 0001 6378 2371

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

For delivery information
OFFFI

MHF/ENCANA
 BLANCO WASH

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669

SEP 12 2014
 Postmark Here

MARY W VICTOR
 PO BOX 112
 NAGEEZI, NM 87037

for Instructions

PLACE STICKER AT TOP OF ENVELOPE OR THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MARY W VICTOR
 PO BOX 112
 NAGEEZI, NM 87037

2. Article Number
 (Transfer from service label) 7006 2760 0001 6378 2371

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Elin Belon Agent Addressee

B. Received by (Printed Name)
Elin Belon

C. Date of Delivery
 9/15/14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
Box 112
Nageezi nm 87037

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 2531

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

For delivery information
OFFFI

MHF/ENCANA
 BLANCO WASH

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669

SEP 12 2014
 Postmark Here

MAYBELLE BEGAY
 PO BOX 1732
 BLOOMFIELD, NM 87413

See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MAYBELLE BEGAY
 PO BOX 1732
 BLOOMFIELD, NM 87413

2. Article Number
 (Transfer from service label) 7006 2760 0001 6378 2531

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Imone Sanchez Agent Addressee

B. Received by (Printed Name)
Imone Sanchez

C. Date of Delivery
 9-16-14

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 2449

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

For delivery information: **MHF/ENCANA**
BLANCO WASH

OFFICIAL RECEIPT

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669

Postmark Here
SEP 12 2014

Miles Energy LLC
 PO Box 3841
 Roswell, NM 88202

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 6301

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

For delivery information: **MHF/ENCANA**
BLANCO WASH

OFFICIAL RECEIPT

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
SEP 12 2014

MONTROYA, ADELINE GAIL
 PO BOX 1248
 DULCE, NM 87528

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL™

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MONTROYA, ADELINE GAIL
 PO BOX 1248
 DULCE, NM 87528

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6301

ADDRESSEE ACTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) Adeline Montoya
 C. Date of Delivery 9-18-14

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 0681

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)
For delivery information

MHF/ENCANA
BLANCO WASH

OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	



Movest Capital
P. O. Box 2439
Albany, TX 76430

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Movest Capital
P.O. Box 2439
Albany, TX 76430

2. Article Number
(Transfer from service label) 7006 2760 0001 6378 0681

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Shelly Baize

B. Received by (Printed Name) Agent Addressee
SHELLY BAIZE

C. Date of Delivery
9/13/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 0667

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)
For delivery information

MHF/ENCANA
BLANCO WASH

OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	



Nelson Minerals, LLC
4901 Crestwood Drive
Farmington, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Nelson Minerals, LLC
4901 Crestwood Drive
Farmington, NM 87401

2. Article Number
(Transfer from service label) 7006 2760 0001 6378 0667

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) Agent Addressee
[Signature]

C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6377 6295

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

For delivery information visit **OFFICIAL**

MHF/ENCANA
 BLANCO WASH

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
 SEP 12 2014

NICHLAS, EVA M
 PO BOX 853
 DULCE, NM 87528

PS Form 3800, August 2006 See Reverse for Instructions

U.S. MAIL CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 NICHLAS, EVA M
 PO BOX 853
 DULCE, NM 87528

2. Article Number 7006 2760 0001 6377 6295
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Eva Nicholas*

B. Received by (Printed Name) *Eva Nicholas* C. Date of Delivery *9/17/14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6377 6127

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

For delivery information visit **OFFICIAL**

MHF/ENCANA
 BLANCO WASH

Postage	\$	
Certified Fee		300
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
 SEP 12 2014

OTERO, ISABELLE T
 PO BOX 8583
 ALBUQUERQUE, NM 87198

PS Form 3800, August 2006 See Reverse for Instructions

U.S. MAIL CERTIFIED MAIL

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 OTERO, ISABELLE T
 PO BOX 8583
 ALBUQUERQUE, NM 87198

2. Article Number 7006 2760 0001 6377 6127
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Irene Martinez*

B. Received by (Printed Name) *Irene Martinez* C. Date of Delivery *9/19/14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7000 9048 0001 0001 6378 0483

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

For delivery information, visit **OFFICIAL**
MHF/ENCANA
BLANCO WASH

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	66

Postmark Here
 SEP 12 2014
 U.S. POSTAL SERVICE
 OFFICE OF THE POSTMASTER GENERAL
 WASHINGTON, DC 20262

Patricia Louise Dorsett Trust
 16127 Chasemore Drive
 Spring, TX 77379

PS Form 3800, August 2006. For instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Patricia Louise Dorsett Trust
 16127 Chasemore Drive
 Spring, TX 77379

2. Article Number: 7006 2760 0001 6378 0483
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: 9-15

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

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

4. Restricted Delivery? (Extra Fee) Yes

7000 9048 0001 0001 6378 0599

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

For delivery information, visit **OFFICIAL**
MHF/ENCANA
BLANCO WASH

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	66

Postmark Here
 SEP 12 2014
 U.S. POSTAL SERVICE
 OFFICE OF THE POSTMASTER GENERAL
 WASHINGTON, DC 20262

Paul Davis, Ltd
 P. O. Box 871
 Midland, TX 79702

PS Form 3800, August 2006. For instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Paul Davis, Ltd
 P. O. Box 871
 Midland, TX 79702

2. Article Number: *[Blank]*
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): Paul Davis, Ltd C. Date of Delivery: 9/16/2014

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

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

4. Restricted Delivery? (Extra Fee) Yes

62

7006 2760 0001 6378 0612

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

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICIAL

Postage \$ _____
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) _____

SEP 2 2014
 U.S. POSTAL SERVICE
 SANTA FE, NM 87508

Primitive Petroleum, Inc.
 4514 Robin Lane
 Midland, TX 79707

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Primitive Petroleum, Inc.
 4514 Robin Lane
 Midland, TX 79707

2. Article Number: 7006 2760 0001 6378 0612
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Andrea Hood* Agent Addressee

B. Received by (Printed Name): _____ C. Date of Delivery: _____

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 2517

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

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICIAL

Postage \$ 169
 Certified Fee 330
 Return Receipt Fee (Endorsement Required) 270
 Restricted Delivery Fee (Endorsement Required) 600

SEP 2 2014
 U.S. POSTAL SERVICE
 SANTA FE, NM 87508

RAY LOPEZ
 PO BOX 422
 NAGEEZI, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 RAY LOPEZ
 PO BOX 422
 NAGEEZI, NM 87037

2. Article Number: 7006 2760 0001 6378 2517
 (Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *James Chee* Agent Addressee

B. Received by (Printed Name): *James Chee* C. Date of Delivery: *9/15/14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

04

7006 2760 0001 6378 3026

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Not for International Mail)

For delivery information visit usps.com

OFFICE

MHF/ENCANA
 BLANCO WASH

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669

SEP 1 2006
 Postmark Here

RAYLENE R UPSHAW, JENNIFER VIGIL, PARENT OF RAYLENE ROSE UPSHAW
 PO BOX 6805
 FARMINGTON, NM 87499

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6378 2814

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; Not for International Mail)

For delivery information visit usps.com

OFFICE

MHF/ENCANA
 BLANCO WASH

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	669

SEP 1 2006
 Postmark Here

RICHARD CHARLEY
 29909 N 60TH ST
 CAVE CREEK, AZ 85331

PS Form 3800, August 2006 See Reverse for Instructions

ENVELOPE TO THE RIGHT
 FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Richard Charley</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>R. Charley</i> C. Date of Delivery <i>9/1/06</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>RICHARD CHARLEY 29909 N 60TH ST CAVE CREEK, AZ 85331</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7006 2760 0001 6378 2814</p>
PS Form 3811, February 2004 Domestic Return Receipt	102595-02-M-1540

7006 2760 0001 6378 2593

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Needed by Addressee)
 For delivery information visit www.usps.com

MHF/ENCANA
 BLANCO WASH

OFFICE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	609

Postmark Here

RICHARD R UPSHAW
 PO BOX 1543
 FRUITLAND, NM 87416

PS Form 3811, February 2004 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 RICHARD R UPSHAW
 PO BOX 1543
 FRUITLAND, NM 87416

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2593

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery 9.15.14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 3088

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Postage Needed by Addressee)
 For delivery information visit www.usps.com

MHF/ENCANA
 BLANCO WASH

OFFICE

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	609

Postmark Here

ROBBIE J WERITO
 2 ROAD 3053
 AZTEC, NM 87410

PS Form 3800, August 2006 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS. FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 ROBBIE J WERITO
 2 ROAD 3053
 AZTEC, NM 87410

2. Article Number (Transfer from service label) 7006 2760 0001 6378 3088

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery 9/15/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

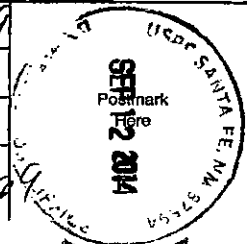
200

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No International Mail)
For delivery information visit www.usps.com
MHF/ENCANA
BLANCO WASH

OFFICE

Postage \$ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required) 609



ROBERT R UPSHAW
PO BOX 1862
BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See reverse for instructions

7006 2760 0001 6378 2579

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROBERT R UPSHAW
PO BOX 1862
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2579

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
 X *Venera Upshaw*

B. Received by (Printed Name) *LEE MASON*
VENERA UPSHAW

C. Date of Delivery *09-15-14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

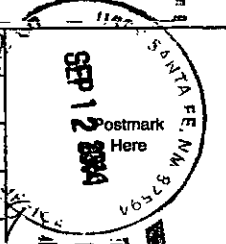
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No International Mail)
For delivery information visit www.usps.com
MHF/ENCANA
BLANCO WASH

OFFICE

Postage \$ 69
Certified Fee 330
Return Receipt Fee (Endorsement Required) 270
Restricted Delivery Fee (Endorsement Required) 609



RONALD JACQUEZ, C/O
LINDA HOGUE
PO BOX 1051
KIRTLAND, NM 87417

PS Form 3800, August 2006 See reverse for instructions

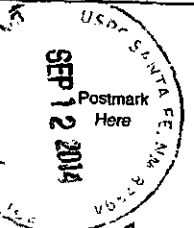
7006 2760 0001 6378 2968

7006 2760 0001 6378 2982

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)
For delivery information OFFICIAL MAIL

MHF/ENCANA
BLANCO WASH

Postage	\$ 0.69
Certified Fee	3.38
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	



RONNIE JACQUEZ, C/O
SANDY JACQUEZ
228 S 1ST STREET
BLOOMFIELD, NM 87413

PS Form 3811, February 2004 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RONNIE JACQUEZ, C/O
SANDY JACQUEZ
228 S 1ST STREET
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2982

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Margie Jacobs*

B. Received by (Printed Name) C. Date of Delivery
MARGIE JACOBS

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:
228 S. 1st St #10
87413

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

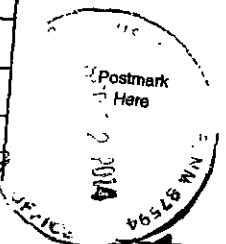
4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 2630

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)
For delivery information OFFICIAL MAIL

MHF/ENCANA
BLANCO WASH

Postage	\$ 0.69
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	



ROSE B SANCHEZ
PO BOX 1732
BLOOMFIELD, NM 87413

PS Form 3811, February 2004 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROSE B SANCHEZ
PO BOX 1732
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2630

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Rose Sanchez*

B. Received by (Printed Name) C. Date of Delivery
Rose Sanchez 9-16-14

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

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

4. Restricted Delivery? (Extra Fee) Yes

600

7006 2760 0001 6378 2463

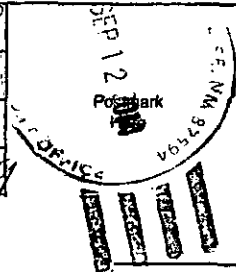
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No International Mail)

For delivery information visit usps.com

OFFICE

MHF/ENCANA
BLANCO WASH

Postage	\$ 0.19
Certified Fee	3.30
Return Receipt Fee (Endorsement Required)	2.70
Restricted Delivery Fee (Endorsement Required)	6.64



R&R Royalty Ltd.
 500 N. Shoreline Blvd.,
 Suite 322
 Corpus Christi, TX 78401

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Swalika H...</i> Date of Delivery <i>9/16/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>R&R Royalty Ltd. 500 N. Shoreline Blvd., Suite 322 Corpus Christi, TX 78401</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number <i>1111111111</i></p> <p>(Transfer from service label)</p>	<p><i>7006 2760 0001 6378 2463</i></p>

7006 2760 0001 6377 6134

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Postage Needed)
 For delivery information visit **OFFICIAL**

MHF/ENCANA
 BLANCO WASH

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
 SEP 12 2004
 USPS SANTA FE, NM 37416

SANDOVAL, LITA M
 235 MEADE ST
 DENVER, CO 80219

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SANDOVAL, LITA M
 235 MEADE ST
 DENVER, CO 80219

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6134

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 Lita Sandoval

B. Received by (Printed Name) Lita Sandoval C. Date of Delivery 9/16/2004

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 3040

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Postage Needed)
 For delivery information visit **OFFICIAL**

MHF/ENCANA
 BLANCO WASH

Postage	\$	69
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		669

Postmark Here
 SEP 12 2004
 USPS SANTA FE, NM 37416

SHAINÉ MASON
 POST OFFICE BOX 1494
 FRUITLAND, NM 87416

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SHAINÉ MASON
 POST OFFICE BOX 1494
 FRUITLAND, NM 87416

2. Article Number (Transfer from service label) 7006 2760 0001 6378 3040

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 Shainé Mason

B. Received by (Printed Name) Shainé Mason C. Date of Delivery 9/16/2004

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 2746

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

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICIAL

Postage \$	69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	669

Postmark: SEP 12 2014 SANTA FE, NM 97416

SHANE MITCHELL MASON
 PO BOX 1604
 FRUITLAND, NM 87416

for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SHANE MITCHELL MASON
 PO BOX 1604
 FRUITLAND, NM 87416

2. Article Number (Transfer from service label): 7006 2760 0001 6378 2746

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Mariah James* Agent Addressee

B. Received by (Printed Name): *Mariah James*

C. Date of Delivery: *SEP 14 2014*

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 3057

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

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICIAL

Postage \$	69
Certified Fee	350
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees \$	689

Postmark: SEP 12 2014 SANTA FE, NM 97416

SHAYLA S BEGAY, CHERYL TSO,
 PARENT OF SHAYLA S BEGAY
 PO BOX 48
 NAGEEZI, NM 87037

for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SHAYLA S BEGAY, CHERYL TSO,
 PARENT OF SHAYLA S BEGAY
 PO BOX 48
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label): 7006 2760 0001 6378 3057

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Mary C TSO* Agent Addressee

B. Received by (Printed Name): *Mary C TSO*

C. Date of Delivery: *9/15/14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 2616

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; **N**)
 For delivery information visit **MHF/ENCANA BLANCO WASH**
OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 SEP 12 2014
 U.S. POSTAL SERVICE

SUSAN BEGAY
 PO BOX 1981
 KIRTLAND, NM 87417

PS Form 3811, February 2004 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SUSAN BEGAY
 PO BOX 1981
 KIRTLAND, NM 87417

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2616

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Susan Begay

B. Received by (Printed Name) _____ C. Date of Delivery 8/15/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6378 2609

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; **N**)
 For delivery information visit **MHF/ENCANA BLANCO WASH**
OFFICIAL

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 SEP 12 2014
 U.S. POSTAL SERVICE

SUSIE TRUJILLO
 PO BOX 2674
 BLOOMFIELD, NM 87413

PS Form 3811, February 2004 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SUSIE TRUJILLO
 PO BOX 2674
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7006 2760 0001 6378 2609

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Susie Trujillo

B. Received by (Printed Name) Susie Trujillo C. Date of Delivery 9-15-14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 6147

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

For delivery information visit **MHF/ENCANA**
BLANCO WASH

OFFICIAL USE

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark
 SEP 12 2006

SYLVESTER ESTATE, MARTHA
 C/O THOMAS SYLVESTER
 PO BOX 636
 DULCE, NM 87528

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 6165

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

For delivery information visit **MHF/ENCANA**
BLANCO WASH

OFFIC

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark
 SEP 12 2006

SYLVESTER, MOANA M
 PO BOX 2932
 KIRTLAND, NM 87417

for Instructions

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

For delivery information visit **OFFICIAL**
 MHF/ENCANA
 BLANCO WASH

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		1
Total Postage & Fees		

Postmark Here
 SEP 12 2004

SYLVESTER SR, CHARLES H
 PO BOX 6
 NAGEEZI, NM 87037

See Reverse for Instructions

7006 2760 0001 6377 6158

CERTIFIED MAIL
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SYLVESTER SR, CHARLES H
 PO BOX 6
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label)
 7006 2760 0001 6377 6158

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature
 X Charles H Sylvester Agent Addressee

B. Received by (Printed Name)
 Charles H Sylvester

C. Date of Delivery
 09/16/14

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

For delivery information visit **OFFICIAL**
 MHF/ENCANA
 BLANCO WASH

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Postmark Here
 SEP 12 2004

SYLVESTER, THOMAS
 1124 N FAIRGROUNDS RD #24,
 BOX 10
 FARMINGTON, NM 87401

See Reverse for Instructions

7006 2760 0001 6377 6158

74

7006 2760 0001 6377 6196

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
SEP 16 2014

SYLVESTER, VINCENT D
 1124 N FAIRGROUNDS RD #7
 FARMINGTON, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 6196

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only)

For delivery information: **MHF/ENCANA BLANCO WASH**

OFFICE

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
SEP 12 2014

SYLVESTER, VINSTON D
 1313 GRIFFIN AVE APT #2
 FARMINGTON, NM 87401

for Instructions

CERTIFIED MAIL™

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SYLVESTER, VINSTON D
 1313 GRIFFIN AVE APT #2
 FARMINGTON, NM 87401

2. Article Number: 7006 2760 0001 6377 6196
 (Transfer from service label)

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input checked="" type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Signature
 Juanita Yozzo Agent Addressee

B. Received by (Printed Name) *Juanita Yozzo* C. Date of Delivery *9-16-14*

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

FARMINGTON, NM 87401
 SEP 16 2014

7006 2760 0001 6378 2500

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

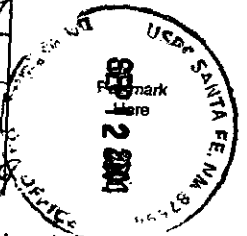
For delivery information: **MHF/ENCANA BLANCO WASH**

OFFFI

Postage	\$ 69
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

The Ninety-Six Corporation
 550 West Texace, Ste 1225
 Midland, TX 79701

PS Form 3800, August 2006 See Reverse for Instructions



7006 2760 0001 6377 6202

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only)

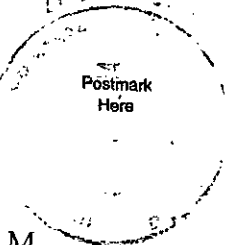
For delivery information: **MHF/ENCANA BLANCO WASH**

OFFFI

Postage	\$
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

THOMPSON JR, LARRY M
 PO BOX 3646
 FARMINGTON, NM 87499

PS Form 3800, August 2006 See Reverse for Instructions



PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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: Agent Addressee
 X *[Signature]*

B. Received by (Printed Name): *Rodriguez*

C. Date of Delivery: *9-27*

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

1. Article Addressed to:
The Ninety-Six Corporation
 550 West Texace, Ste 1225
 Midland, TX 79701

2. Article Number: *7006 2760 0001 6378 2500*
 (Transfer from service label)

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

15

7006 2760 0001 6377 6219

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

For delivery information visit **OFFICIAL**
MHF/ENCANA
BLANCO WASH

Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark
SEP 12 2004

THOMPSON, TAMERA A
 435 JEFFERSON ST
 AMERICAN FALLS, ID 83211

PS Form 3811, February 2004 See Reverse for Instructions

7006 2760 0001 6377 5786

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

For delivery information visit **OFFICIAL**
MHF/ENCANA
BLANCO WASH

Postage \$	
Certified Fee	330
Return Receipt Fee (Endorsement Required)	270
Restricted Delivery Fee (Endorsement Required)	

Postmark
SEP 12 2004

VALDEZ, JESSIE
 PO BOX 391
 NAGEEZI, NM 87037

PS Form 3811, February 2004 See Reverse for Instructions

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: _____ **SECTION ON DELIVERY**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 THOMPSON, TAMERA A
 435 JEFFERSON ST
 AMERICAN FALLS, ID 83211

2. Article Number (Transfer from service label): 7006 2760 0001 6377 6219

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature Agent Addressee
 X *Tamera Brambila*

B. Received by (Printed Name) *Tamera Brambila* C. Date of Delivery *9-16-04*

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

CERTIFIED MAIL™
 PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: _____ **SECTION ON DELIVERY**

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 VALDEZ, JESSIE
 PO BOX 391
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label): 7006 2760 0001 6377 5786

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

4. Restricted Delivery? (Extra Fee) Yes

A. Signature Agent Addressee
 X *J. Valdez*

B. Received by (Printed Name) *Jessie Valdez* C. Date of Delivery *9-16-04*

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

0490 6378 0001 0920 2760 7006

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Return Receipt)

For delivery information visit **OFFICIAL WEBSITE**

MHF/ENCANA
BLANCO WASH

Postage \$ 69

Certified Fee 300

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required) 669

Postmark Here
SEP 2 2004

Virginia F. Zobeck Trust dated
9/1/2008
8003 Wayne Ave.
Lubbock, TX 79424

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7006 2760 0001 6377 6035

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Return Receipt)

For delivery information visit **OFFICIAL WEBSITE**

MHF/ENCANA
BLANCO WASH

Postage \$

Certified Fee 330

Return Receipt Fee (Endorsement Required) 270

Restricted Delivery Fee (Endorsement Required)

Postmark Here

WERITO, MABEL
PO BOX 83
NAGEEZI, NM 87037

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
Virginia F. Zobeck Trust dated
9/1/2008
8003 Wayne Ave.
Lubbock, TX 79424

2. Article Number (Transfer from service label) 7006 2760 0001 6378 0490

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Virginia F. Zobeck* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
WERITO, MABEL
PO BOX 83
NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6035

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Mabel Werito* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
MABEL WERITO *9/15/14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

9209 2269 0001 6377 6028

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No International Mail)
For delivery information visit www.usps.com

MHF/ENCANA
BLANCO WASH

OFFICE

Postage	\$	
Certified Fee		3.20
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		

Postmark
Here

WERITO, RUBY
PO BOX 42
NAGEEZI, NM 87037

See Reverse for Instructions

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No International Mail)
For delivery information visit www.usps.com

MHF/ENCANA
BLANCO WASH

OFFICE

Postage	\$	
Certified Fee		3.30
Return Receipt Fee (Endorsement Required)		2.70
Restricted Delivery Fee (Endorsement Required)		

Postmark
Here

WERO, JANE M
PO BOX 716
BLOOMFIELD, NM 87413

See Reverse for Instructions

PS Form 3800, August 2006

7006 2760 0001 6377 6011

SENDER: COMPLETE THIS SECTION

CERTIFIED MAIL™

SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WERITO, RUBY
PO BOX 42
NAGEEZI, NM 87037

A. Signature
X *Ruby Werito* Agent Addressee

B. Received by (Printed Name)
Ruby Werito

C. Date of Delivery
9/17/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number:
(Transfer from service label) 7006 2760 0001 6377 6028

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

CERTIFIED MAIL™

SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WERO, JANE M
PO BOX 716
BLOOMFIELD, NM 87413

A. Signature
X *Jane M. Wero* Agent Addressee

B. Received by (Printed Name)
Jane M. Wero

C. Date of Delivery
9-15-14

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

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number:
(Transfer from service label) 7006 2760 0001 6377 6011

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7006 2760 0001 6377 6271

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Service Provided)
 For delivery information visit **OFFICIAL MAIL SERVICE**

MHF/ENCANA
 BLANCO WASH

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
 SEP 11 2004

WILLIE ESTATE, AUDREY
 P O BOX 131
 NAGEEZI, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

7006 2760 0001 6377 6264

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No International Service Provided)
 For delivery information visit **OFFICIAL MAIL SERVICE**

MHF/ENCANA
 BLANCO WASH

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
 SEP 12 2004

WILLIE, IRA M
 758 STAGECOACH TRL
 DURANGO, CO 81301-8468

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL™

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THESE ITEMS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 WILLIE ESTATE, AUDREY
 P O BOX 131
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6271

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) *J. Johnson* C. Date of Delivery *9-16-04*

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

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

4. Restricted Delivery? (Extra Fee) Yes

CERTIFIED MAIL™

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THESE ITEMS SECTION ON DELIVERY

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 WILLIE, IRA M
 758 STAGECOACH TRL
 DURANGO, CO 81301-8468

2. Article Number (Transfer from service label) 7006 2760 0001 6377 6264

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) *Y.S. Wilsaid* C. Date of Delivery *9/16/04*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6377 6257

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

For delivery information visit **OFFICIAL**
 MHF/ENCANA
 BLANCO WASH

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
 SEP 15 2014
 USAF SANTA FE, NM 37554

WILLIE, ROBERT J
 PO BOX 2233
 BLOOMFIELD, NM 87413

SEE REVERSE FOR INSTRUCTIONS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 WILLIE, ROBERT J
 PO BOX 2233
 BLOOMFIELD, NM 87413

2. Article Number, (Transfer from service label)
 7006 2760 0001 6377 6257

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Robert J. Willie (Agent) Addressee

B. Received by (Printed Name)
 Robert J. Willie

C. Date of Delivery
 9/15/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6378 3033

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

For delivery information visit **OFFICIAL**
 MHF/ENCANA
 BLANCO WASH

Postage	\$	1.29
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		6.99

Postmark Here
 SEP 12 2014
 USAF SANTA FE, NM 37554

XAVIER V BEGAY, CHERYL TSO
 PARENT OF XAVIER V BEGAY
 PO BOX 48
 NAGEEZI, NM 87037

SEE REVERSE FOR INSTRUCTIONS

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 XAVIER V BEGAY, CHERYL TSO,
 PARENT OF XAVIER V BEGAY
 PO BOX 48
 NAGEEZI, NM 87037

2. Article Number, (Transfer from service label)
 7006 2760 0001 6378 3033

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Mary C. Tso (Agent) Addressee

B. Received by (Printed Name)
 Mary C. Tso

C. Date of Delivery
 9/15/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

7006 2760 0001 6377 6240

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

For delivery information visit **MHF/ENCANA**
OFFICE **BLANCO WASH**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
 SEP 12 2004

YAZZIE, SHARON A
 PO BOX 1654
 BLOOMFIELD, NM 87413

for Instructions

7006 2760 0001 6377 6233

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

For delivery information visit **MHF/ENCANA**
OFFICE **BLANCO WASH**

Postage	\$	
Certified Fee		330
Return Receipt Fee (Endorsement Required)		270
Restricted Delivery Fee (Endorsement Required)		

Postmark Here
 SEP 12 2004

YAZZIE, VICTORIA A
 PO BOX 4012
 SHIPROCK, NM 87420

PS Form 3800, August 2006 See Reverse for Instructions

CERTIFIED MAIL

SENDER: PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

1. Article Addressed to:

YAZZIE, SHARON A
 PO BOX 1654
 BLOOMFIELD, NM 87413

2. Article Number: (Transfer from service label) 7006 2760 0001 6377 6240

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Signature Agent Addressee
 X Sharon A. Yazzie

B. Received by (Printed Name) **C. Date of Delivery**
 Sharon A. Yazzie 9-15-04

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

CERTIFIED MAIL

SENDER: PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

1. Article Addressed to:

YAZZIE, VICTORIA A
 PO BOX 4012
 SHIPROCK, NM 87420

2. Article Number: (Transfer from service label) 7006 2760 0001 6377 6233

3. Service Type

Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

A. Signature Agent Addressee
 X Victoria Yazzie

B. Received by (Printed Name) **C. Date of Delivery**
 Victoria Yazzie 9/15/04

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7014 0510 0001 8575 2644

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No **MHF**)
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Sent To
 AGUILAR, NANCY
 PO BOX 2626
 RUIDOSO DOWNS, NM 88346

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 AGUILAR, NANCY
 PO BOX 2626
 RUIDOSO DOWNS, NM 88346

2. Article Number (Transfer from service label) 7014 0510 0001 8575 2644

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Nancy Aguilar*

B. Received by (Printed Name) *NANCY AGUILAR* C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7014 0510 0001 8575 2651

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No **MHF**)
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Sent To
 ALLEN, NANCY J
 1216 W AZTEC BLVD SP #3
 AZTEC, NM 87410

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 ALLEN, NANCY J
 1216 W AZTEC BLVD SP #3
 AZTEC, NM 87410

2. Article Number (Transfer from service label) 7014 0510 0001 8575 2651

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Nancy Allen*

B. Received by (Printed Name) *Nancy Allen* C. Date of Delivery *9-15-14*

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

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

4. Restricted Delivery? (Extra Fee) Yes

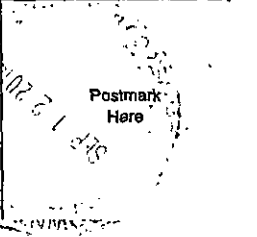
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7014 0510 0001 8575 2668

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

For delivery information visit www.usps.com
MIF
ENCANA/BLANCO WASH

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



Sent To: ANTHONY, HAROLD G
Street, Apt. No., or PO Box No.: CR 3186 #11
City, State, ZIP+4: AZTEC, NM 87410

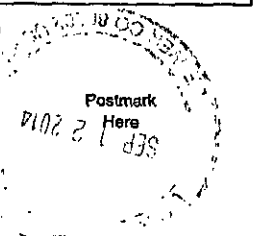
PS Form 3800, August 2003

7014 0510 0001 8575 2675

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

For delivery information visit www.usps.com
MIF
ENCANA/BLANCO WASH

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



Sent To: ANTONIO, EFFIE
Street, Apt. No., or PO Box No.: PO BOX 5593
City, State, ZIP+4: FARMINGTON, NM 87499

PS Form 3800, Aug

7014 0510 0001 8575 2699

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF ENCANA/BLANCO WASH
 For delivery information visit **OFFIC**

Postage	\$	Postmark Here SEP 17 2014
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
ANTONIO, SHIRLEY
PO BOX 1255
KIRTLAND, NM 87417

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
ANTONIO, SHIRLEY
PO BOX 1255
KIRTLAND, NM 87417

2. Article Number (Transfer from service label) **7014 0510 0001 8575 2699**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

7014 0510 0001 8575 2682

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF ENCANA/BLANCO WASH
 For delivery information visit **OFFIC**

Postage	\$	Postmark Here SEP 17 2014
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
ARAGON, IRVETA
27 ROAD 5777
FARMINGTON, NM 87401

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
ARAGON, IRVETA
27 ROAD 5777
FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7014 0510 0001 8575 2682**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

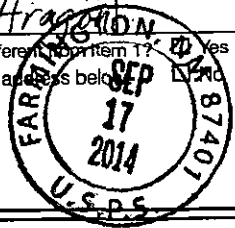
A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Iriveta Aragon

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

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

4. Restricted Delivery? (Extra Fee) Yes



7014 0510 0001 8575 2705

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; N... Provided)

For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Sent To
 Street, Apt. No., or PO Box No. **ARAIZA, IFAITA**
409 W RIDGEWOOD DR
 City, State, ZIP+4 **GARLAND, TX 75041-3022**

PS Form 3800, Aug 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
ARAIZA, IFAITA
409 W RIDGEWOOD DR
GARLAND, TX 75041-3022

2. Article Number (Transfer from service label) **7014 0510 0001 8575 2705**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) **Ifaita Arcaiza** C. Date of Delivery **9-15-14**

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

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

4. Restricted Delivery? (Extra Fee) Yes

7014 0510 0001 8575 2712

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; N... Provided)

For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Sent To
 Street, Apt. No., or PO Box No. **ARMENTA, PAULINE**
PO BOX 1216
 City, State, ZIP+4 **DURANGO, CO 81302**

PS Form 3800, Aug 2004

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
ARMENTA, PAULINE
PO BOX 1216
DURANGO, CO 81302

2. Article Number (Transfer from service label) **7014 0510 0001 8575 2712**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) **Ken George** C. Date of Delivery **9-15-14**

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

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

4. Restricted Delivery? (Extra Fee) Yes

4

7014 0510 0001 8575 2729

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

MHF
 For delivery information visit [encana/blancowash](#)

OFFICE

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

Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

ARMIJILLO JR, WALLACE A
 1616 WEST GARFIELD
 PHOENIX, AZ 87005

PS Form 3800, Au

Letter returned



7014 0510 0001 8575 2736

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

MHF
 For delivery information visit [encana/blancowash](#)

OFFICE

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

Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

ARMIJO, MARCOS T
 POST OFFICE BOX 373
 NAGEEZI, NM 87037

PS Form 3800, Au

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Marquez Chavez</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>Marquez Chavez</i></p> <p>C. Date of Delivery <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p><i>9/16/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
1. Article Addressed to:	<p>ARMIJO, MARCOS T POST OFFICE BOX 373 NAGEEZI, NM 87037</p>	
2. Article Number (Transfer from service label)	7014 0510 0001 8575 2736	
3. Service Type	<input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
4. Restricted Delivery? (Extra Fee)	<input type="checkbox"/> Yes	

7014 0510 0001 8575 2743

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

For delivery information visit **ENCANA/BLANCO WASH**
OFFIC

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

Postmark Here
 SEP 12 2014

Sent To
 ARMIJILLO, JORDAN K
 Street, Apt. No., or PO Box No. 303 E SOUTH MOUNTAIN AVE
 LOT #169
 City, State, ZIP+4 PHOENIX, AZ 85002

PS Form 3800, AU

7014 0510 0001 8575 2750

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

For delivery information visit **ENCANA/BLANCO WASH**
OFFIC

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

Postmark Here
 SEP 12 2014

Sent To
 ARMSTRONG, ROSE M
 Street, Apt. No., or PO Box No. PO BOX 1715
 City, State, ZIP+4 BLOOMFIELD, NM 87413

PS Form 3800, AU

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ARMSTRONG, ROSE M
 PO BOX 1715
 BLOOMFIELD, NM 87413

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Rose M Armstrong Agent Addressee

B. Received by (Printed Name) *Rose M Armstrong* C. Date of Delivery *9-13-14*

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

3. Service Type
- Certified Mail® Priority Mail Express™
 - Registered Return Receipt for Merchandise
 - Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 0510 0001 8575 2750

7014 0510 0001 8575 2767

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Signature Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Postmark Here
 SEP 10 2011

Sent To
 ATCITY, ANNABELLE
 PO BOX 1181
 FARMINGTON, NM 87499

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, All

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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
 X [Signature] Agent Addressee

B. Received by (Printed Name)
 [Signature]

C. Date of Delivery
 9/15/11

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

1. Article Addressed to:
 ATCITY, ANNABELLE
 PO BOX 1181
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label)
 7014 0510 0001 8575 2767

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7014 0510 0001 8575 2774

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Signature Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Postmark Here
 SEP 12 2011

Sent To
 ATENCIO ESTATE, STEPHEN
 EASTERN NAVAJO AGENCY
 P O BOX 328
 CROWNPOINT, NM 87313

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, All

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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
 X [Signature] Agent Addressee

B. Received by (Printed Name)
 Loretta Barbone

C. Date of Delivery
 9/16/11

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

1. Article Addressed to:
 ATENCIO ESTATE, STEPHEN
 EASTERN NAVAJO AGENCY
 P O BOX 328
 CROWNPOINT, NM 87313

2. Article Number (Transfer from service label)
 7014 0510 0001 8575 2774

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL** **ENCANA/BLANCO WASH** **MHF**

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

Postmark Here 7102 2 2014

Sent To
 ATENCIO, CECIL
 PO BOX 522
 CANONCITO, NM 87026

PS Form 3800, A

7014 0510 0001 8575 2781

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 ATENCIO, CECIL
 PO BOX 522
 CANONCITO, NM 87026

2. Article Number (Transfer from service label) **7014 0510 0001 8575 2781**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Rita M. Suet

B. Received by (Printed Name) Yes No
Rita M. Suet

C. Date of Delivery *9/18/14*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **OFFICIAL** **ENCANA/BLANCO WASH** **MHF**

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

Postmark Here 2 2014

Sent To
 ATENCIO, ROBERT
 PO BOX 443
 NEEGEEZI, NM 87037

PS Form 3800, Au

7014 0510 0001 8575 2798

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 ATENCIO, ROBERT
 PO BOX 443
 NEEGEEZI, NM 87037

2. Article Number (Transfer from service label) **7014 0510 0001 8575 2798**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Robert Neegeezi

B. Received by (Printed Name) Yes No
Robert Neegeezi

C. Date of Delivery *9/17/2014*

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

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

4. Restricted Delivery? (Extra Fee) Yes

7014 0510 0001 8571 1610

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; NPS Form 3811, July 2013)

For delivery information visit **usps.com**

MIIF
 ENCANA/BLANCO WASH

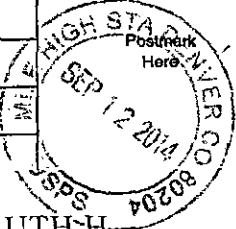
OFFICIAL MAIL

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

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

ATENCIO, RUTH H
 PO BOX 101
 NAGEEZI, NM 87037

PS Form 3800, A



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ATENCIO, RUTH H
 PO BOX 101
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) **7014 0510 0001 8571 1610**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Alfonso Alencio

B. Received by (Printed Name) **Alfonso Alencio** C. Date of Delivery **9/16/14**

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

101

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 2630 0001 1455 3982

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; NPS Form 3811, July 2013)

For delivery information visit **usps.com**

MIIF
 ENCANA/BLANCO WASH


OFFICIAL MAIL

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

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

AUGUSTINE, ANITA M
 2310 W APACHE SP#23
 FARMINGTON, NM 87401

PS Form 3800, A



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

AUGUSTINE, ANITA M
 2310 W APACHE SP#23
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7013 2630 0001 1455 3982**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

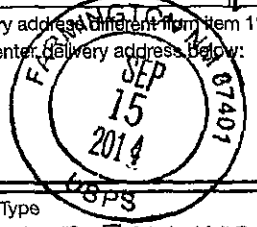
A. Signature Agent Addressee
x [Signature]

B. Received by (Printed Name) _____ C. Date of Delivery **9-15-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



7013 2630 0001 1455 3999

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No **MHF**)
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Postmark Here
 SEP 12 2014
 HIGH STATE DENVER CO 80204

Sent To
 AUGUSTINE, FREDDIE
 BOX 405
 BLOOMFIELD, NM 87413

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 AUGUSTINE, FREDDIE
 BOX 405
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7013 2630 0001 1455 3999**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Freddie Augustine

B. Received by (Printed Name) *Freddie Augustine* C. Date of Delivery *9-16-14*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 2630 0001 1455 4002

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No **MHF**)
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Postmark Here
 SEP 15 2014
 HIGH STATE DENVER CO 80204

Sent To
 AUGUSTINE, JUANITA L
 PO BOX 521
 CUBA, NM 87013

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 AUGUSTINE, JUANITA L
 PO BOX 521
 CUBA, NM 87013

2. Article Number (Transfer from service label) **7013 2630 0001 1455 4002**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Juanita Augustine

B. Received by (Printed Name) *Juanita Augustine* C. Date of Delivery *9/15/14*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

10

7013 2630 0001 1455 4019

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No **MHF** *)*
 For delivery information visit **ENCANA/BLANCO WASH**

OFFICIAL

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

Postmark: **SEP 12 2014**
 MILE HIGH STA DENVER CO 80204
 USPS

Sent To: **AYZE, JUANITA**
PO BOX 1413
FRUITLAND, NM 87416

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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: *Juanita AYZE* Agent Addressee

B. Received by (Printed Name): **JUANITA AYZE** C. Date of Delivery: **9.15.14**

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

1. Article Addressed to:

AYZE, JUANITA
PO BOX 1413
FRUITLAND, NM 87416

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

2. Article Number (Transfer from service label)

7013 2630 0001 1455 4019

PS Form 3811, July 2013 Domestic Return Receipt

7013 2630 0001 1455 4026

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No **MHF** *)*
 For delivery information visit **ENCANA/BLANCO WASH**

OFFICIAL

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

Postmark: **SEP 12 2014**
 MILE HIGH STA DENVER CO 80204
 USPS

Sent To: **AYZE, RASHIDA G**
PO BOX 1413
FRUITLAND, NM 87416

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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: *Juanita AYZE* Agent Addressee

B. Received by (Printed Name): **JUANITA AYZE** C. Date of Delivery: **9.15.14**

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

1. Article Addressed to:

AYZE, RASHIDA G
PO BOX 1413
FRUITLAND, NM 87416

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

2. Article Number (Transfer from service label)

7013 2630 0001 1455 4026

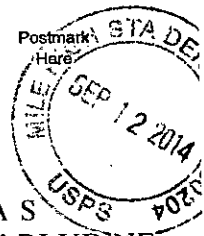
PS Form 3811, July 2013 Domestic Return Receipt

11

7013 2630 0001 1455 403E

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No International Mail)
For delivery information visit **usps.com**
OFFICIAL MAIL SERVICE

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



Sent To **AYZE, SHAWN DENA S**
3958 MONTGOMERY BLVD NE
APT 9
ALBUQUERQUE, NM 87109

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No International Mail)
For delivery information visit **usps.com**
OFFICIAL MAIL SERVICE

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

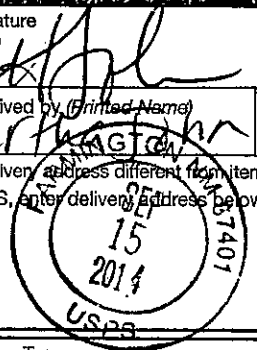


Sent To **BARBER, JOANNE T**
126 E MAIN
FARMINGTON, NM 87401

7013 2630 0001 1455 404E

Letter Returned

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Martha G. Johnson</i></p> <p>C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>BARBER, JOANNE T 126 E MAIN FARMINGTON, NM 87401</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7013 2630 0001 1455 4040</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>



PS Form 3800, A

PS Form 3811, July 2013

Domestic Return Receipt

12

7013 2630 0001 1455 4057

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit www.usps.com ENCANA/BLANCO WASH

OFFICE

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

Postmark Here
 HIGH STA DENVER CO SEP 12 2014

Sent To
 BARBOAN, EDITH M
 PO BOX 946
 CUBA, NM 87013

PS Form 3800, Au

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BARBOAN, EDITH M
 PO BOX 946
 CUBA, NM 87013

2. Article Number (Transfer from service label)
 7013 2630 0001 1455 4057

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Edith Barboan* Agent Addressee

B. Received by (Printed Name)
 Edith Barboan

C. Date of Delivery
 9-16-14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 2630 0001 1455 4064

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit www.usps.com ENCANA/BLANCO WASH

OFFICE

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

Postmark Here
 SEP 12 2014

Sent To
 BECENTI, DELENORE B
 PO BOX 3004
 SHIPROCK, NM 87420

PS Form 3800,

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BECENTI, DELENORE B
 PO BOX 3004
 SHIPROCK, NM 87420

2. Article Number (Transfer from service label)
 7013 2630 0001 1455 4064

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Deleone Becenti* Agent Addressee

B. Received by (Printed Name)
 Deleone Becenti

C. Date of Delivery
 9-15-14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 2630 0001 1455 4071

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurances Provided)
 For delivery information visit **OFFICIAL** **ENCANA/BLANCO WASH**
 MHF

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

Postmark Here
 7/10/13

Sent To
 BEGAY JR, ERNEST
 PO BOX 5095
 FARMINGTON, NM 87499

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BEGAY JR, ERNEST
 PO BOX 5095
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label) **7013 2630 0001 1455 4071**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Lillian Wood

B. Received by (Printed Name) C. Date of Delivery
Lillian Wood 8/18/2014

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 2630 0001 1455 4088

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurances Provided)
 For delivery information visit **OFFICIAL** **ENCANA/BLANCO WASH**
 MHF

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

Postmark Here
 7/10/13

Sent To
 BEGAY, ALVINA
 15310 SE STEVENSON DR
 VANCOUVER, WA 98683

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BEGAY, ALVINA
 15310 SE STEVENSON DR
 VANCOUVER, WA 98683

2. Article Number (Transfer from service label) **7013 2630 0001 1455 4088**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Alvina Begay

B. Received by (Printed Name) C. Date of Delivery
A Begay 8/18/2014

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

14

7013 2630 0001 1455 4095

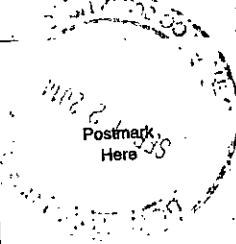
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit www.usps.com ENCANA/BLANCO WASH

OFFICE

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

Sent To
 BEGAY, AMY L
 3000 W RADCLIFF DR
 ENGLEWOOD, CO 80110

PS Form 3800, A



SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
 ■ Print your name and address on the reverse so that we can return the card to you.
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BEGAY, AMY L
 3000 W RADCLIFF DR
 ENGLEWOOD, CO 80110

2. Article Number
 (Transfer from service label) 7013 2630 0001 1455 4095

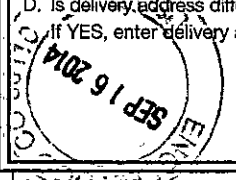
COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent
 Addressee
 B. Received by (Printed Name) ROBERT BEGAY
 C. Date of Delivery 9.16.14
 Yes
 No
 D. Is delivery address different from item 1?
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt



7013 2630 0001 1455 4101

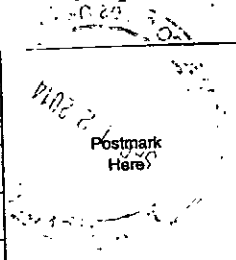
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit www.usps.com ENCANA/BLANCO WASH

OFFICE

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

Sent To
 BEGAY, ANDERSON N
 240 HWY 57
 BLOOMFIELD, NM 87413

PS Form 3800, A



7013 2630 0001 1455 4125

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

For delivery information visit our website at www.usps.com

OFFICIAL USE
 MHF
 ENCANA/BLANCO WASH

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

Postmark Here
 SEP 1 2014

Sent To
 BEGAY, ANDREW T
 PO BOX 23
 NAGEEZI, NM 87037

Street, PO Box or PO B
 City, State

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BEGAY, ANDREW T
 PO BOX 23
 NAGEEZI, NM 87037

2. Article Number
(Transfer from service) 7013 2630 0001 1455 4125

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Wilma Begay Agent Addressee

B. Received by (Printed Name)
 Wilma Begay

C. Date of Delivery
 9-17-14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7013 2630 0001 1455 4132

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

For delivery information visit our website at www.usps.com

OFFICIAL USE
 MHF
 ENCANA/BLANCO WASH

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

Postmark Here
 DENVER CO 80204

Sent To
 BEGAY, ANNIE I
 1919 W TARRANT RD
 APT 515
 GRAND PRAIRIE, TX 75050

Street, PO Box or PO B
 City, State

PS Form 3800, August 2006 See Reverse for Instructions

7013 2630 0001 1455 4149

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

For delivery information: ENCANA/BLANCO WASH

OFF

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

Postmark Here: **SEP 12 2014**

TR

Sent To: **BEGAY, BERNADINE N**
BOX 2213
BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, BERNADINE N
BOX 2213
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7013 2630 0001 1455 4149**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Mikayla Cayaditto* Agent Addressee

B. Received by (Printed Name): **Mikayla Cayaditto** C. Date of Delivery: **9-16-14**

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

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

4. Restricted Delivery? (Extra Fee) Yes

102595-02-M-1540

7013 2630 0001 1455 4156

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

For delivery information: ENCANA/BLANCO WASH

OFF

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

Postmark Here: **SEP 12 2014**

Total

Sent To: **BEGAY, CALVIN J**
#10 CR 6116
KIRTLAND, NM 87417

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, CALVIN J
#10 CR 6116
KIRTLAND, NM 87417

2. Article Number (Transfer from service label) **7013 2630 0001 1455 4156**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Freda Russell* Agent Addressee

B. Received by (Printed Name): **Freda Russell** C. Date of Delivery: **9-15-14**

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

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

4. Restricted Delivery? (Extra Fee) Yes

102595-02-M-1540

7013 2630 0001 1455 4170

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

MHF
 For delivery information: ENCANA/BLANCO WASH

OFF

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

Postmark Here: MILE HIGH STA DENVER CO 80204 SEP 2 2006 USPS

Sent To: **BEGAY, CLAUDIA R**
 PO BOX 4218
 SHIPROCK, NM 87420

PS Form 3800, August 2006 See Reverse for Instructions

7013 2630 0001 1455 4170

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

MHF
 For delivery information: ENCANA/BLANCO WASH

OFF

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

Postmark Here: MILE HIGH STA DENVER CO 80204 SEP 2 2006 USPS

Sent To: **BEGAY, CORDELIA F**
 PO BOX 3004
 SHIPROCK, NM 87420

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <i>Cordeia Begay</i> Date of Delivery <i>09-15-06</i> C. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:	
1. Article Addressed to: BEGAY, CORDELIA F PO BOX 3004 SHIPROCK, NM 87420		3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
2. Article Number (Transfer from service label)		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
		7013 2630 0001 1455 4170	
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

7013 2630 0001 1455 4187

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

For delivery info: ENCANA/BLANCO WASH com

OF

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

Postmark Here: MILE HIGH DENVER CO 80204

Sent To: BEGAY, ELLA N
 6073 CR 213
 DURANGO, CO 81301

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BEGAY, ELLA N
 6073 CR 213
 DURANGO, CO 81301

2. Article Number (Transfer from service label): 7013 2630 0001 1455 4187

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [Signature] Agent Addressee

B. Received by (Printed Name): [Blank] C. Date of Delivery: 9/15/14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7013 2630 0001 1455 4194

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

For delivery information: ENCANA/BLANCO WASH

OFFI

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

Postmark Here: MILE HIGH DENVER CO 80204

Sent To: BEGAY, ELRINA
 10 CR 6116
 KIRTLAND, NM 87417

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BEGAY, ELRINA
 10 CR 6116
 KIRTLAND, NM 87417

2. Article Number (Transfer from service label): 7013 2630 0001 1455 4194

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X [Signature] Agent Addressee

B. Received by (Printed Name): Freda Russell C. Date of Delivery: 9-15-14

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

For delivery information visit **OFFICIAL** ENCANA/BLANCO WASH

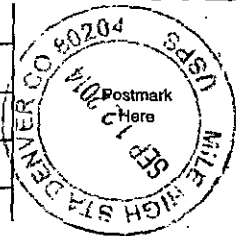
Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage _____

Sent To
 Street, Apt. or PO Box No.
 City, State, ZIP+4

BEGAY, EMERSON N
 PO BOX 921
 AZTEC, NM 87410

PS Form 3800, August 2006

7013 2630 0001 1455 4202



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BEGAY, EMERSON N
 PO BOX 921
 AZTEC, NM 87410

2. Article Number (Transfer from service label) **7013 2630 0001 1455 4200**

COMPLETE THIS SECTION ON DELIVERY

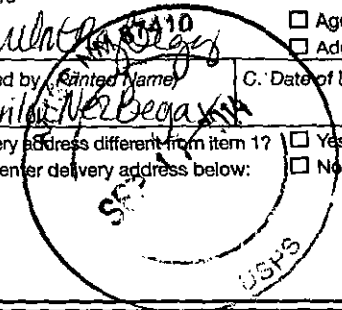
A. Signature Agent Addressee
Marilyn N. Begay

B. Received by (Printed Name) Date of Delivery
Marilyn N. Begay

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

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

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

For delivery information visit **OFFICIAL** ENCANA/BLANCO WASH

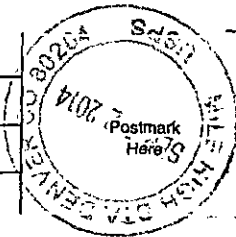
Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage _____

Sent To
 Street, Apt. or PO Box No.
 City, State, ZIP+4

BEGAY, ERNEST
 PO BOX 5095
 FARMINGTON, NM 87499

PS Form 3800, August 2006 See Reverse for Instructions

7013 2630 0001 1455 4217



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BEGAY, ERNEST
 PO BOX 5095
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label) **7013 2630 0001 1455 4217**

COMPLETE THIS SECTION ON DELIVERY

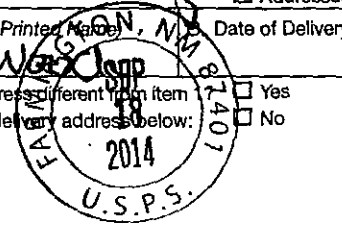
A. Signature Agent Addressee
Lillian W. Begay

B. Received by (Printed Name) Date of Delivery
Lillian W. Begay

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

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

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

20

7013 2630 0001 1455 4224

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Postmark Here
 SEP 13 2014
 MILE HIGH STA DENVER CO 80204

Sent To: **BEGAY, ERNESTINE**
 Street, Apt. or PO Box: **PO BOX 5095**
 City, State: **FARMINGTON, NM 87401**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, ERNESTINE
PO BOX 5095
FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7013 2630 0001 1455 4224**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Lillian Wood* Agent Addressee

B. Received by (Printed Name): **Lillian Wood** Date of Delivery: **9-15-14**

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7013 2630 0001 1455 4231

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Postmark Here
 SEP 15 2014
 MILE HIGH STA DENVER CO 80204

Sent To: **BEGAY, ERNIE**
 Street, Apt. or PO Box: **5860 TOWER RD APT 3**
 City, State: **GREENDALE, WI 53129**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, ERNIE
5860 TOWER RD APT 3
GREENDALE, WI 53129

2. Article Number (Transfer from service label) **7013 2630 0001 1455 4231**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Ernie Begay* Agent Addressee

B. Received by (Printed Name): **Ernie Begay** C. Date of Delivery: **9-15-14**

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

8424 4541 1000 0692 E702

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

For delivery information visit **OFFICIAL MAIL SERVICE** **ENCANA/BLANCO WASH**

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

Postmark Here
 SEP 17 2014
 DENVER CO 80204

Sent To
 Street, Apt. No. or PO Box No.
 City, State, Zip
BEGAY, ERWIN N
PO BOX 921
AZTEC, NM 87410

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, ERWIN N
PO BOX 921
AZTEC, NM 87410

2. Article Number
 (Transfer from service label) **7013 2630 0001 1455 4248**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Maureen Begay

B. Received by (Print Name) **Maureen Begay** C. Date of Delivery **SEP 17 2014**

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

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

4. Restricted Delivery? (Extra Fee) Yes

5524 5541 1000 0692 E702

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

For delivery information visit **OFFICIAL MAIL SERVICE** **ENCANA/BLANCO WASH**

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

Postmark Here
 SEP 17 2014
 DENVER CO 80204

Sent To
 Street, Apt. No. or PO Box No.
 City, State, Zip
BEGAY, EVAN
PO BOX 921
AZTEC, NM 87410

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, EVAN
PO BOX 921
AZTEC, NM 87410

2. Article Number
 (Transfer from service label) **7013 2630 0001 1455 4255**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Maureen Begay

B. Received by (Print Name) **Maureen Begay** C. Date of Delivery **SEP 17 2014**

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

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

4. Restricted Delivery? (Extra Fee) Yes

22

7013 2630 0001 1455 4262

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

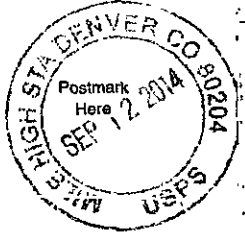
For delivery information visit **OFFICIAL** **ENCANA/BLANCO WASH**

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

Total Post _____

Sent To **BEGAY, GENE T**
 Street, Apt. or PO Box **PO BOX 296**
 City, State **NAGEEZI, NM 87037**

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, GENE T
PO BOX 296
NAGEEZI, NM 87037

2. Article Number (Transfer from service label) **7013 2630 0001 1455 4262**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Gene T Begay

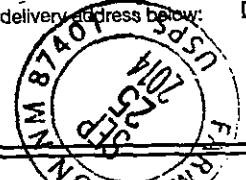
B. Received by (Printed Name) **Eugene Begay** C. Date of Delivery _____

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



7013 2630 0001 1455 4279

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

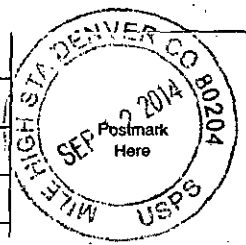
For delivery information visit **OFFICIAL** **ENCANA/BLANCO WASH**

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

Total Post _____

Sent To **BEGAY, HAROLD N**
 Street, Apt. or PO Box **PO BOX 921**
 City, State **AZTEC, NM 87410**

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, HAROLD N
PO BOX 921
AZTEC, NM 87410

2. Article Number (Transfer from service label) **7013 2630 0001 1455 4279**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Harold N Begay

B. Received by (Printed Name) **Harold N Begay** C. Date of Delivery _____

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

3. Service Type
 Certified Mail Registered Insured Mail Priority Mail Express™ Return Receipt for Merchandise Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7013 2630 0001 1455 4286


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information **OFFFI** ENCANA/BLANCO WASH

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

Total P: **BEGAY, HARRISON**
 C/O EASTERN NAVAJO AGENCY
 PO BOX 328
 CROWNPOINT, NM 87313

Sent To: _____
 Street, Apt or PO Bo: _____
 City, State: _____

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, HARRISON
C/O EASTERN NAVAJO AGENCY
PO BOX 328
CROWNPOINT, NM 87313

2. Article Number
 (Transfer from service label) **7013 2630 0001 1455 4286**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Loretta Barbone* Agent Addressee

B. Received by (Printed Name) **Loretta Barbone** C. Date of Delivery **9/16/14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 2630 0001 1455 4378

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information **OFFFI** ENCANA/BLANCO WASH

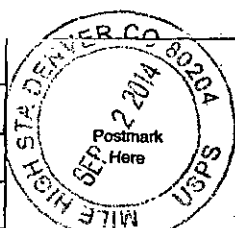
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Total: _____

Sent To: **BEGAY, IRENE E**
 10 ROAD 5581
 FARMINGTON, NM 87401

Street, Apt or PO Bo: _____
 City, State: _____

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, IRENE E
10 ROAD 5581
FARMINGTON, NM 87401

2. Article Number
 (Transfer from service label) **7013 2630 0001 1455 4378**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Irene E Begay* Agent Addressee

B. Received by (Printed Name) **Irene E Begay** C. Date of Delivery _____

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

24

7013 2630 0001 1455 4293

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

For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

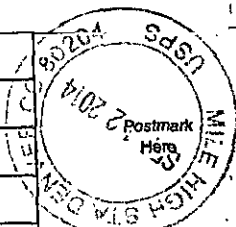
Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Total P _____

Sent To **BEGAY, JACQUELINE N**
PO BOX 403
FARMINGTON, NM 87499

Street, Apt. 1 or PO Box N _____
 City, State, Z _____

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, JACQUELINE N
PO BOX 403
FARMINGTON, NM 87499

2. Article Number (Transfer from service label) **7013 2630 0001 1455 4293**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Jacqueline N Begay

B. Received by (Printed Name) **Jacqueline N Begay** C. Date of Delivery **9-16-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 2630 0001 1455 4309

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

For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

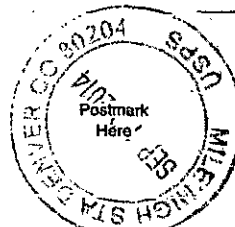
Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Total Post: _____

Sent To **BEGAY, LEROY**
PO BOX 1309
CROWNPOINT, NM 87313

Street, Apt. 1 or PO Box N _____
 City, State, Z _____

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, LEROY
PO BOX 1309
CROWNPOINT, NM 87313

2. Article Number (Transfer from service label) **7013 2630 0001 1455 4309**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Lucinda Begay

B. Received by (Printed Name) **Lucinda Begay** C. Date of Delivery **9/15/14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 2630 0001 1455 4316

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Sent To: **BEGAY, LILLIAN**
 Street, Apt. No. or PO Box No.: **PO BOX 5095**
 City, State, Zip: **FARMINGTON, NM 87499**

PS Form 3800, August 2009



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, LILLIAN
PO BOX 5095
FARMINGTON, NM 87499

2. Article Number (Transfer from service label): **7013 2630 0001 1455 4316**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Lillian Begay* Agent Addressee

B. Received by (Printed Name): **Lillian Begay** C. Date of Delivery: **9-16-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

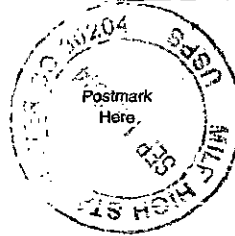
7013 2630 0001 1455 4323

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Sent To: **BEGAY, LINDA N**
 Street, Apt. No. or PO Box No.: **PO BOX 1532**
 City, State, Zip: **BLOOMFIELD, NM 87413**

PS Form 3800, August 2009 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, LINDA N
PO BOX 1532
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label): **7013 2630 0001 1455 4323**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Linda N Begay* Agent Addressee

B. Received by (Printed Name): **Linda N Begay** C. Date of Delivery: **9-16-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

26

7013 2630 0001 1455 4330

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

For delivery information visit **OFFICIAL** ENCANA/BLANCO WASH

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

Postmark
 SEP 12 2014
 HIGH STA DENVER CO 80204
 USPS

Sent To
 BEGAY, LOUISE J
 PO BOX 2451
 FARMINGTON, NM 87401

PS Form 3811, August 2008 See Reverse for Instructions

7013 2630 0001 1455 4347

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

For delivery information visit **OFFICIAL** ENCANA/BLANCO WASH

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

Postmark
 SEP 16 2014
 HIGH STA DENVER CO 80204
 USPS

Sent To
 BEGAY, MARILYN
 126 EAST MAIN
 FARMINGTON, NM 87401

PS Form 3811, August 2008 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
BEGAY, MARILYN 126 EAST MAIN FARMINGTON, NM 87401		Marilyn Begay	9/15
2. Article Number (Transfer from service label)		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, enter delivery address below:	
7013 2630 0001 1455 4347		FARMINGTON, NM 87401 SEP 16 2014 USPS	
3. Service		<input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
4. Restricted Delivery? (Extra Fee)		<input type="checkbox"/> Yes	

7013 2630 0001 1455 4354

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

For delivery information visit **ENCANA/BLANCO WASH**
OFFIC

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

Postmark Here 2014
 MILE HIGH STA DENVER CO 80204
 USPS

Sent To: **BEGAY, MARVIN N**
PO BOX 343
NAGEEZI, NM 87037

Street, Apt. or PO Box No.
 City, State, ZIP

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, MARVIN N
PO BOX 343
NAGEEZI, NM 87037

2. Article Number
(Transfer from service label) **7013 2630 0001 1455 4354**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Bertha Blanco* Agent Addressee

B. Received by (Printed Name) **BERTHA BLANCO** C. Date of Delivery **9-16-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 2630 0001 1455 4361

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

For delivery information visit **ENCANA/BLANCO WASH**
OFFIC

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

Postmark Here 2014
 MILE HIGH STA DENVER CO 80204
 USPS

Sent To: **BEGAY, MARY ETTA**
BOX 1048
FRUITLAND, NM 87416

Street, Apt. No or PO Box No.
 City, State, ZIP

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, MARY ETTA
BOX 1048
FRUITLAND, NM 87416

2. Article Number
(Transfer from service label) **7013 2630 0001 1455 4361**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Wilbert Begay* Agent Addressee

B. Received by (Printed Name) **WILBERT BEGAY** C. Date of Delivery **SEP 18 2014**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

28

7013 2630 0001 1455 4385

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

MILE-HIGH STA DENVER CO 80204
 SEP Postmark Here 2014
 USPS

To: **BEGAY, MARY LOU N**
 Sent: **PO BOX 921**
 Street or PO Box #: **AZTEC, NM 87410**
 City, State, ZIP+4®:

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, MARY LOU N
PO BOX 921
AZTEC NM 87410

2. Article Number (Transfer from service label): **7013 2630 0001 1455 4385**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X MARY LOU N

B. Received by (Printed Name) **MARILYN NEEDHAM** C. Date of Delivery **SEP 17 2014**

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

3. Service Type
 Certified Mail® Priority Mail Express®
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 2630 0001 1455 4392

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

MILE-HIGH STA DENVER CO 80204
 SEP Postmark Here 2014
 USPS

Total Post: **BEGAY, PAULINE W**
 Sent To: **PO BOX 218**
 Street, Apt. or PO Box #: **NAGEEZI, NM 87037**
 City, State, ZIP+4®:

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, PAULINE W
PO BOX 218
NAGEEZI, NM 87037

2. Article Number (Transfer from service label): **7013 2630 0001 1455 4392**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X MARCELLE WILCOX

B. Received by (Printed Name) **MARCELA WILCOX** C. Date of Delivery **9-16-14**

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

3. Service Type
 Certified Mail® Priority Mail Express®
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 2630 0001 1455 4620

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

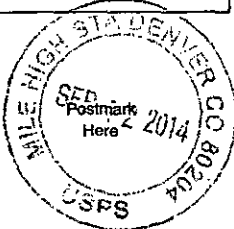
For delivery information visit **OFFIC**
 MHF ENCANA/BLANCO WASH

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

Total P
 Sent To
 Street, A or PO Box
 City, Sta

BEGAY, RENA
PO BOX 5095
FARMINGTON, NM 87499

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, RENA
PO BOX 5095
FARMINGTON, NM 87499

2. Article Number
(Transfer from service label) **7013 2630 0001 1455 4620**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

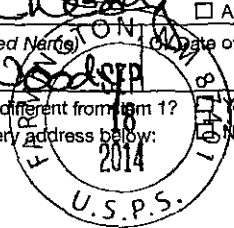
A. Signature
x [Signature] Agent Addressee

B. Received by (Printed Name) **CELIA WASH** C. Date of Delivery **9-18-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



7013 2630 0001 1455 4637

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


For delivery information visit **OFFIC**
 MHF ENCANA/BLANCO WASH

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

Total P
 Sent To
 Street, A or PO Box
 City, Sta

BEGAY, RUTH N
PO BOX 2213
BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAY, RUTH N
PO BOX 2213
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label) **7013 2630 0001 1455 4637**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x [Signature] Agent Addressee

B. Received by (Printed Name) **Mikayla Cayadita** C. Date of Delivery **9-16-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2

7013 2630 0001 1455 4644

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Postmark Here
 SEP 12 2014
 DC WINTON

St. BEGAY, TRINA
 PO BOX 1132
 FRUITLAND, NM 87416

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BEGAY, TRINA
 PO BOX 1132
 FRUITLAND, NM 87416

2. Article Number (Transfer from service label): **7013 2630 0001 1455 4644**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 E. Michael Basco Agent Addressee

B. Received by (Printed Name) **E. Michael Basco** C. Date of Delivery _____

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

3. Service Type **SPS**
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7013 2630 0001 1455 4651

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Postmark Here
 SEP 12 2014
 WILE HIGH STA DENVER CO 80214
 USPS

Total
 Sent To
 Street, or PO
 City, St

BEGAY, VERNA NEZ
 6021 14TH AVE SOUTH
 MINNEAPOLIS, MN 55417

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BEGAY, VERNA NEZ
 6021 14TH AVE SOUTH
 MINNEAPOLIS, MN 55417

2. Article Number (Transfer from service label): **7013 2630 0001 1455 4651**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Verna Volker Agent Addressee

B. Received by (Printed Name) **Verna Volker** C. Date of Delivery **9/15**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

9998 5541 1000 0322 ETD2

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 MHF
 For delivery information visit www.usps.com ENCANA/BLANCO WASH
OFFICE

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

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 2 2014
 USPS

Sent to
 BEGAY, WALLACE
 PO BOX 346
 NAGEEZI, NM 87037

Street or PO
 City, S

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BEGAY, WALLACE
 PO BOX 346
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label): 7013 2630 0001 1455 4668

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Wilnetta Begay

B. Received by (Printed Name) C. Date of Delivery
 Wilnetta Begay 9-23-14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7013 2630 0001 1455 4675

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 MHF
 For delivery information visit www.usps.com ENCANA/BLANCO WASH
OFFICE

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

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 2 2014
 USPS

Sent to
 BEGAY, WILMA
 PO BOX 25
 NAGEEZI, NM 87037

Street or PO
 City, S

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BEGAY, WILMA
 PO BOX 25
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label): 7013 2630 0001 1455 4675

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Wilma Begay

B. Received by (Printed Name) C. Date of Delivery
 Wilma Begay 9-19-14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFICIAL** **ENCANA/BLANCO WASH** MHF

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

MILE HIGH STATE DENVER CO 80204
 Postmark Here 2 2014
 USPS

Sent **BEGAYE, BRENT**
PO BOX 983
BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

7013 2630 0001 1455 4682

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEGAYE, BRENT
PO BOX 983
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)
7013 2630 0001 1455 4682

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 x *[Signature]*

B. Received by (Printed Name) Agent Addressee
[Signature]

C. Date of Delivery
9-16-14

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

3. Service-Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFICIAL** **ENCANA/BLANCO WASH** MHF

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

MILE HIGH STATE DENVER CO 80204
 Postmark Here SEP 12 2014
 USPS

Sent **BELETSO, JEREMIAH J**
POST OFFICE BOX 3893
FARMINGTON, NM 87499

PS Form 3800, August 2006 See Reverse for Instructions

6694 5541 1000 0392 4699

7013 2630 0001 1455 4705

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

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

MILE HIGH STA DENVER CO 80204
 (SEP 2 2014)
 USPS

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

BELETSO, ZECHARIAH S
POST OFFICE BOX 3893
FARMINGTON, NM 87499

PS Form 3800, See Reverse for Instructions

7013 2630 0001 1455 4712

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**

OFFICE


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

MILE HIGH STA DENVER CO 80204
 (SEP 2 2014)
 USPS

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

BELIN, HAZEL I
PO BOX 2803
KIRTLAND, NM 87417

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Franklin Belin <input checked="" type="checkbox"/> Date of Delivery SEP 2 2014</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: 87417</p>
<p>1. Article Addressed to:</p> <p>BELIN, HAZEL I PO BOX 2803 KIRTLAND, NM 87417</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number <i>(Transfer from service label)</i></p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7013 2630 0001 1455 4712</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

34

7013 2630 0001 1455 4729

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

For delivery information: **ENCANA/BLANCO WASH**

OFFI

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

Tc _____

Ser. **BELO, CAROL A**
 Box or F **BOX 135**
 City **NAGEEZI, NM 87037**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BELO, CAROL A
BOX 135
NAGEEZI, NM 87037

2. Article Number (Transfer from service label) **7013 2630 0001 1455 4729**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Carol Belon

B. Received by (Printed Name) **Carol Belon** C. Date of Delivery **9-17-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 2630 0001 1455 4736

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

For delivery information: **ENCANA/BLANCO WASH**

OFFIC

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

Tot _____

Sent **BENALLY, CAROLYN S**
 Street or PO **#3 RD 6438, NBU 40**
 City **KIRTLAND, NM 87417**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BENALLY, CAROLYN S
#3 RD 6438, NBU 40
KIRTLAND, NM 87417

2. Article Number (Transfer from service label) **7013 2630 0001 1455 4736**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Carolyn Benally

B. Received by (Printed Name) **Carolyn Benally** C. Date of Delivery **9-17-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

35

7013 2630 0001 1455 4743

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Sent **BENALLY, DAWN H**
 163 W 79TH #5-F
 NEW YORK, NY 10024

PS Form 3800, August 2006 See Reverse for Instructions

SEP 12
Postmark Here

7013 2630 0001 1455 4750

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Sent **BENALLY, NORA A**
 PO BOX 526
 BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

SEP 12
Postmark Here

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Nora Benally</i></p> <p>B. Received by (Printed Name) <i>Nora Benally</i> C. Date of Delivery <i>9-17-14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>BENALLY, NORA A PO BOX 526 BLOOMFIELD, NM 87413</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number, (Transfer from service label)</p> <p>7013 2630 0001 1455 4750</p>	

PS Form 3811, July 2013 Domestic Return Receipt

7013 2630 0001 1455 4767

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

For delivery information, visit **ENCANA/BLANCO WASH**

OFFICE

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

Postmark Here
SEP 17 2014

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BENALLY, POLLY N
 PO BOX 3313
 FARMINGTON, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BENALLY, POLLY N
 PO BOX 3313
 FARMINGTON, NM 87401

2. Article Number
 (Transfer from service label)

7013 2630 0001 1455 4767

PS Form 3811, July 2013

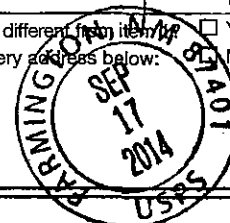
Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Polly Benally* Agent Addressee

B. Received by (Printed Name) *P.B.* C. Date of Delivery

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



3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 7855

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only
 MHF

For delivery information, visit **ENCANA/BLANCO WASH**

OFFICE

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

Postmark Here
SEP 17 2014

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BENALLY, RODGER V
 6723 AVALON ST UNIT 8
 MESA, AZ 85205

PS Form 3800, July 2014 See Reverse for Instructions

7014 2120 0001 8425 7909

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **MHF**
ENCANA/BLANCO WASH

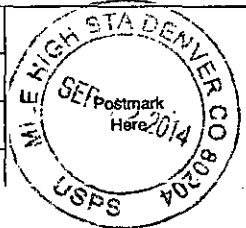
OFFFI

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

Total Postage: _____

Sent To: **BENNY, ALVA L**
PO BOX 3351
 Street & Apt. or PO Box No. **KAYENTA, AZ 86033**
 City, State, Z

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BENNY, ALVA L
PO BOX 3351
KAYENTA, AZ 86033

2. Article Number (Transfer from service label) **7014 2120 0001 8425 7909**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery **9/2/14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 7916

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **MHF**
ENCANA/BLANCO WASH


OFFFI

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

Total Postage: _____

Sent To: **BENNY, ALVINA A**
PO BOX 5033
 Street & Apt. or PO Box No. **MOHAVE VALLEY, AZ 86446**
 City, State, Z

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BENNY, ALVINA A
PO BOX 5033
MOHAVE VALLEY, AZ 86446

2. Article Number (Transfer from service label) **7014 2120 0001 8425 7916**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery **9/2/14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 7923

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFFI**

MHF
ENCANA/BLANCO WASH

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

Postmark Here
SEP 1 2014

Sent To: BENNY, DAVINA J
 Street & PO Box: PO BOX 1193
 City, State: BLOOMFIELD, NM 87413

PS Form 3800, July 2014

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BENNY, DAVINA J
 PO BOX 1193
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label): 7014 2120 0001 8425 7923

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *x Davina Benny* Agent Addressee

B. Received by (Printed Name): *Davina Benny* C. Date of Delivery: *9/19/14*

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

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 7930

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF
ENCANA/BLANCO WASH

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

Postmark Here
SEP 22 2014

Sent To: BENNY, ELVIN
 Street or PO Box: PO BOX 2726
 City, State: BLOOMFIELD, NM 87413

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BENNY, ELVIN
 PO BOX 2726
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label): 7014 2120 0001 8425 7930

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *x Elvin Benny* Agent Addressee

B. Received by (Printed Name): *Elvin Benny* C. Date of Delivery: *9-17-14*

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

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 7947

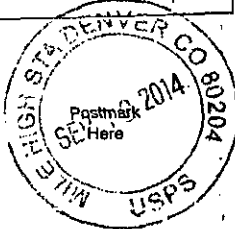
**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

MHF
For delivery information, ENCANA/BLANCO WASH

OFFI

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



Total
Sent to
BENNY, ELVIRA
PO BOX 2726
Street or PO
BLOOMFIELD, NM 87413
City, S

PS Form 3800, July 2014 See Reverse for Instructions

7014 2120 0001 8425 7954

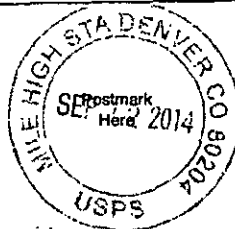
**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

MHF
For delivery information, ENCANA/BLANCO WASH

OFFI

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



Total
Sent to
BETONE, VERNE L
PO BOX 243
Street or PO
NAGEEZI, NM 87037
City, S

PS Form 3800, July 2014 Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BENNY, ELVIRA
PO BOX 2726
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

7014 2120 0001 8425 17947 1

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Elvira Benny Agent Addressee

B. Received by (Printed Name)
ELVIRA BENNY

C. Date of Delivery
9-17-14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

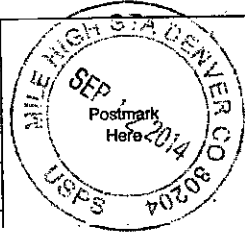
7014 2120 0001 8425 7961

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit **OFFIC** MHF ENCANA/BLANCO WASH

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



Sent to **BETONI, BYRON**
Street or PO **412 MOORE STREET**
City, S **BLOOMFIELD, NM 87413**

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BETONI, BYRON
412 MOORE STREET
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label) **7014 2120 0001 8425 7961**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X K. A. B. C.

B. Received by (Printed Name) **Kayisha Betoni** C. Date of Delivery **9/15/14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

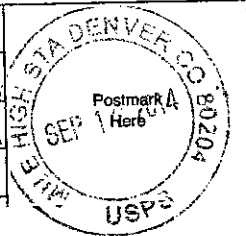
7014 2120 0001 8425 7978

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit **OFFIC** MHF ENCANA/BLANCO WASH

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



Sent to **BETONI, DAVID M**
Street or PO **PO BOX 283**
City, S **NAGEEZI, NM 87037**

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DAVID M
PO BOX 283
NAGEEZI, NM 87037

2. Article Number
(Transfer from service label) **7014 2120 0001 8425 7978**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
*** David Betoni**

B. Received by (Printed Name) **DAVID BETONI** C. Date of Delivery **9-19-2014**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 7985

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL** **MIHF**
 ENCANA/BLANCO WASH

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

MILE HIGH STA DENVER CO 80204
 SEP 2 2014
 USPS

To: **BETONI, EUGENE**
 PO BOX 354
 NAGEEZI, NM 87037

PS Form 3800, July 2014 See Reverse for Instructions

7014 2120 0001 8425 7992

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL** **MIHF**
 ENCANA/BLANCO WASH

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

MILE HIGH STA DENVER CO 80204
 SEP 2 2014
 USPS

To: **BETONI, JOHN**
 PO BOX 134
 NAGEEZI, NM 87037

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>X Elia Betoni</i></p>	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
<p>BETONI, JOHN PO BOX 134 NAGEEZI, NM 87037</p>		<i>Elia Betoni</i>	<i>9/16/14</i>
2. Article Number		D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<p>(Transfer from service label)</p>		<p>If YES, enter delivery address below: _____</p>	
3. Service Type		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
<input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery		<p>7014 2120 0001 8425 7992</p>	
PS Form 3811, July 2013		Domestic Return Receipt	

42

7013 2630 0001 1455 4118

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFIC

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

Postmark Here
SEP 12 2014

Sent To
BETONI, JOHNNY W
PO BOX 295
NAGEEZI, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

Letter Returned
[Redacted]

7014 2120 0001 8425 8678

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFIC

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

Postmark Here
SEP 12 2014

Sent
BETONI, JUAN E
PO BOX 38
NAGEEZI, NM 87037

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <i>Juan E. Betoni</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Juan E. Betoni</i></p> <p>C. Date of Delivery <i>9/11/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>BETONI, JUAN E PO BOX 38 NAGEEZI, NM 87037</p>		<p>3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 2013</p>		<p>7014 2120 0001 8425 8678 Domestic Return Receipt</p>	

43

7014 2120 0001 8425 8685

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **MIIF**
ENCANA/BLANCO WASH

OFFICE

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

Postmark Here

BETONI, LEROY J
 PO BOX 1192
 KIRTLAND, NM 87417

Sent To _____
 Street or PO Box _____
 City, State _____

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BETONI, LEROY J
 PO BOX 1192
 KIRTLAND, NM 87417

2. Article Number (Transfer from service label): **7014 2120 0001 8425 8685**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Leroy Betoni* Agent Addressee

B. Received by (Printed Name): *Leroy Betoni* C. Date of Delivery

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 2120 0001 8425 8692

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **MIIF**
ENCANA/BLANCO WASH

OFFICE

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

Postmark Here

BETONI, RANDALL L
 14 ROAD 5150, NBU 1003 34
 BLOOMFIELD, NM 87413

Sent To _____
 Street or PO Box _____
 City, State _____

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BETONI, RANDALL L
 14 ROAD 5150, NBU 1003 34
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label): **7014 2120 0001 8425 8692**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Marlene Betonie* Agent Addressee

B. Received by (Printed Name): *Marlene Betonie* C. Date of Delivery: *9-17-14*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

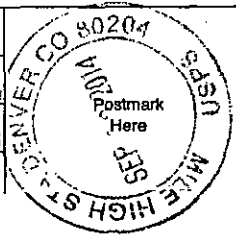
44

7014 2120 0001 8425 8708

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC**
MIIF ENCANA/BLANCO WASH

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



Sent To
BETONI, RONNIE J
818 E MAIN #94
FARMINGTON, NM 87401

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BETONI, RONNIE J
818 E MAIN #94
FARMINGTON, NM 87401

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Cherie Betoni* Agent Addressee

B. Received by (Printed Name)
Cherie Betoni

C. Date of Delivery
9-15

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



3. Service Type USPS
 Certified Mail Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8708

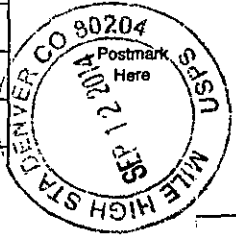
PS Form 3811, July 2013 Domestic Return Receipt

7014 2120 0001 8425 8715

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFI**
MIIF ENCANA/BLANCO WASH

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



Sent To
BEYALE JR, IKE
PO BOX 1331
TOHATCHI, NM 87325

PS Form See Reverse for Instructions

7014 2120 0001 8425 8722

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

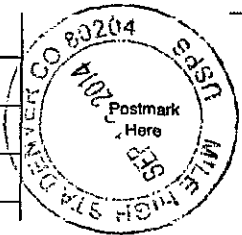
MHF
 ENCANA/BLANCO WASH

OFFICE

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

Sent To: BEYALE, CARLADIA F
 PO BOX 993
 FRUITLAND, NM 87416

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BEYALE, CARLADIA F
 PO BOX 993
 FRUITLAND, NM 87416

2. Article Number (Transfer from service label): 7014 2120 0001 8425 8722

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Sharon Cly* Agent Addressee

B. Received by (Printed Name): Sharon Cly C. Date of Delivery: 9-17-14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8739

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

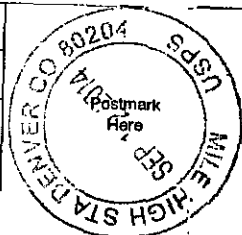
MHF
 ENCANA/BLANCO WASH

OFFICE

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

Sent To: BEYALE, DURWIN I
 PO BOX 982
 FRUITLAND, NM 87416

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BEYALE, DURWIN I
 PO BOX 982
 FRUITLAND, NM 87416

2. Article Number (Transfer from service label): 7014 2120 0001 8425 8739

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Cynthia DeShenguelle* Agent Addressee

B. Received by (Printed Name): Cynthia DeShenguelle C. Date of Delivery: 9/17/14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

46

7014 2120 0001 8425 8746

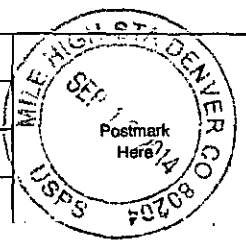
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **ENCANA/BLANCO WASH** **MHF**

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

Sent To: **BEYALE, IRENE**
PO BOX 1643
FRUITLAND, NM 87416

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEYALE, IRENE
PO BOX 1643
FRUITLAND, NM 87416

2. Article Number (Transfer from service label) **7014 2120 0001 8425 8746**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Irene B. Harding

B. Received by (Printed Name) Date of Delivery
Irene B. Harding **9-17-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8753

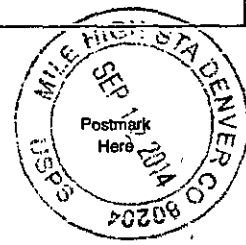
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **ENCANA/BLANCO WASH** **MHF**

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

Sent To: **BEYALE, IRVIN R**
27705 HWY 184
DOLORIS, CO 81323

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BEYALE, IRVIN R
27705 HWY 184
DOLORIS, CO 81323

2. Article Number (Transfer from service label) **7014 2120 0001 8425 8753**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Irvin Beyale

B. Received by (Printed Name) Date of Delivery
Irvin Beyale

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8760

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFF**

MHF
 ENCANA/BLANCO WASH

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

Postmark Here
 SEP 12 2014
 DENVER CO 80204

BEYALE, SHAWNDA
 PO BOX 1113
 FRUITLAND, NM 87416

PS Form 3811, July 2013 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BEYALE, SHAWNDA
 PO BOX 1113
 FRUITLAND, NM 87416

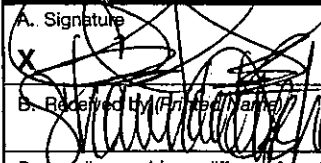
2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 8760

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X 
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8777

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC**

MHF
 ENCANA/BLANCO WASH

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

Postmark Here
 SEP 26 2014
 DENVER CO 80204

Sent BEYALE, VALVEN D
 Street or PO POST OFFICE BOX 3685
 City: FARMINGTON, NM 87499

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BEYALE, VALVEN D
 POST OFFICE BOX 3685
 FARMINGTON, NM 87499

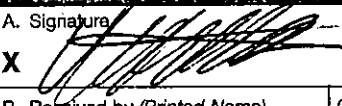
2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 8777

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X 
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

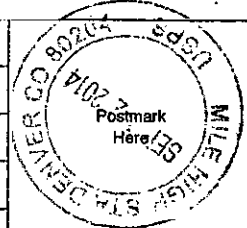
3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8784

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICE**
MHF
ENCANA/BLANCO WASH

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

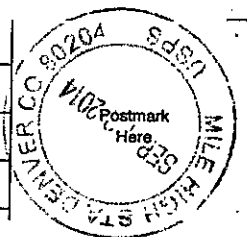
Sent To: **BIA, DARLENE**
 Street or PO Box: **772 HOPE AVE**
 City, State: **FARMINGTON, NM 87401**

PS Form 3811, July 2013 See Reverse for Instructions

7014 2120 0001 8425 8791

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICE**
MHF
ENCANA/BLANCO WASH

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

Sent To: **BINALLI, DOROTHY HARRISON**
 Street or PO Box: **2011 TROY KING RD**
 City, State: **TRLR 200 FARMINGTON, NM 87401**

PS Form 3811, July 2013 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1; 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Helen Anderson</i></p> <p>B. Received by (Printed Name) Helen Anderson C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">BINALLI, DOROTHY HARRISON 2011 TROY KING RD TRLR 200 FARMINGTON, NM 87401</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number (Transfer from service label) 7014 2120 0001 8425 8791</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	

49

7014 2120 0001 8425 8807

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

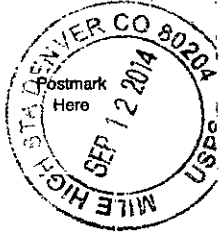
For delivery information, visit **usps.com** or call 1-800-ASK-USA
 MHF ENCANA/BLANCO WASH

OFFICE

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

Sent to: **BISILLY, JANE**
 PO BOX 2164
 BLOOMFIELD, NM 87413

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BISILLY, JANE
PO BOX 2164
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7014 2120 0001 8425 8807**

PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Jane Bisilly* Agent Addressee

B. Received by (Printed Name) **JANE Bisilly** C. Date of Delivery **9-15-14**

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

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

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt 102595-02-M-1540

7014 2120 0001 8425 8814

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

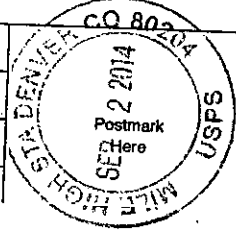
For delivery information, visit **usps.com** or call 1-800-ASK-USA
 MHF ENCANA/BLANCO WASH

OFFICE

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

Sent to: **BLACKIE ESTATE, JOE**
 PO BOX 68
 NAGEEZI, NM 87037

PS Form 3800, July 2014 See Reverse for Instructions



Letter returned

7014 2120 0001 8425 8821

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 For delivery information, visit www.usps.com ENCANA/BLANCO WASH

OFFIC

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

Postmark Here
 SEP 22 2014
 MILE HIGH STA DENVER CO 80204
 USPS

Sent To
 BLACKIE, JOLENE J
 PO BOX 1281
 ROCK SPRINGS, WY 82902

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BLACKIE, JOLENE J
 PO BOX 1281
 ROCK SPRINGS, WY 82902

2. Article Number (Transfer from service label) 7014 2120 0001 8425 8821

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7014 2120 0001 8425 8838

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 For delivery information, visit www.usps.com ENCANA/BLANCO WASH

OFFIC

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

Postmark Here
 SEP 22 2014
 MILE HIGH STA DENVER CO 80204
 USPS

Sent To
 BLACKIE, LEONARD
 C/O JOLENE BLACKIE
 206 PLAINVIEW DR
 ROCK SPRINGS, WY 82901

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 BLACKIE, LEONARD
 C/O JOLENE BLACKIE
 206 PLAINVIEW DR
 ROCK SPRINGS, WY 82901

2. Article Number (Transfer from service label) 7014 2120 0001 8425 8838

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

51

7014 2120 0001 8425 8845

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH**

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

Postmark Here
MILE HIGH STA DENVER CO 80204
SEP 16 2014

Sent To
BLACKIE, LEROY
PO BOX 2457
KIRTLAND, NM 87417

Street & / or PO Bo.
City, State

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BLACKIE, LEROY
PO BOX 2457
KIRTLAND, NM 87417

2. Article Number (Transfer from service label) **7014 2120 0001 8425 8845**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **D. White** Agent Addressee

B. Received by (Printed Name) **Darvis White** C. Date of Delivery **SEP 16 2014**

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7014 2120 0001 8425 8852

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH**

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

Postmark Here
MILE HIGH STA DENVER CO 80204
SEP 16 2014

Sent To
BLACKIE, SAMUEL
201 MOUNTAIN VIEW DR
ROCK SPRINGS, WY 82901

Street or PO Bo.
City, State

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BLACKIE, SAMUEL
201 MOUNTAIN VIEW DR
ROCK SPRINGS, WY 82901

2. Article Number (Transfer from service label) **7014 2120 0001 8425 8852**

COMPLETE THIS SECTION ON DELIVERY

A. Signature **S. Blackie** Agent Addressee

B. Received by (Printed Name) **Samuel Blackie** C. Date of Delivery **SEP 16 2014**

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

50

7014 2120 0001 8425 8869

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, **MHF**
ENCANA/BLANCO WASH

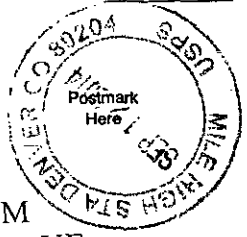
OFFI

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

Total P **BLOSCH, SANDRA M**
303 E S MOUNTAIN AVE
PHOENIX, AZ 85042

Sent To
 Street & Ap or PO Box
 City, State

PS Form 3800, July 2014 See Reverse for Instructions



Letter Returned

7014 2120 0001 8425 8876

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, **MHF**
ENCANA/BLANCO WASH

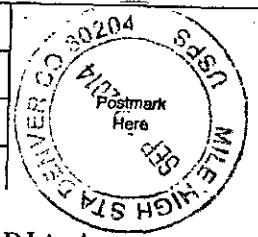
OFFI

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

Total Pos **BLUEEYES, GLORIA A**
PO BOX 2127
FRUITLAND, NM 87416

Sent To
 Street & Ap or PO Box
 City, State

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>X. Gloria A</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Gloria Beyalo</i> Date of Delivery <i>9/17/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>BLUEEYES, GLORIA A PO BOX 2127 FRUITLAND, NM 87416</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7014 2120 0001 8425 8876</p>

7014 2120 0001 8425 8913

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **OFFFI**


MHF
 ENCANA/BLANCO WASH

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

Sent To: **BLUEEYES, LYDIA H**
1600 HARRISON ST
BLOOMFIELD, NM 87413

Street & or PO Box
 City, State

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BLUEEYES, LYDIA H
1600 HARRISON ST
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label): **7014 2120 0001 8425 8913**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Lydia H. Blue Eyes* Agent Addressee

B. Received by (Printed Name): **Lydia H. Blue Eyes**

C. Date of Delivery: **9-18-14**

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7014 2120 0001 8425 8906

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **OFFFI**


MHF
 ENCANA/BLANCO WASH

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

Sent To: **BLUEEYES, SADIE**
BOX 1462
FRUITLAND, NM 87416

Street or PO Box
 City, State

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
BLUEEYES, SADIE
BOX 1462
FRUITLAND, NM 87416

2. Article Number (Transfer from service label): **7014 2120 0001 8425 8906**

PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Sadie Blue Eyes* Agent Addressee

B. Received by (Printed Name): **Sadie Blue Eyes**

C. Date of Delivery: **9-16-14**

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

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

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

7013 2630 0001 1455 4446

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information ENCANA/BLANCO WASH
OFFI

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

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 12 2014
 USPS

Sent To
 Street, Apt. # or PO Box #
 City, State, Z

BOO, RUTH I
 PO BOX 156
 MONTEZUMA CREEK, UT 84534

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BOO, RUTH I
 PO-BOX 156
 MONTEZUMA CREEK, UT 84534

2. Article Number
 (Transfer from service label)

7013 2630 0001 1455 4446

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Ruth Boo* Agent Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 9-18-14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 2630 0001 1455 4453

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information ENCANA/BLANCO WASH
OFFI

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

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 12 2014
 USPS

Sent To
 Street, Apt. # or PO Box #
 City, State, Z

BOYD, SHERRY L
 2132 ALVARADO NE
 ALBUQUERQUE, NM 87110

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BOYD, SHERRY L
 2132 ALVARADO NE
 ALBUQUERQUE, NM 87110

2. Article Number
 (Transfer from service label)

7013 2630 0001 1455 4453

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Donald Lopez* Agent Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 Donald Lopez

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

55

0944 5547 1000 0692 2013

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

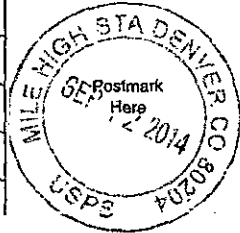
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information

MHF
ENCANA/BLANCO WASH

OFFI

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



Sent To

Street, Apt. No.
or PO Box No.
City, State, Zi

BRANTLEY, ROSE A
21 PERSIMMON DR
MURRAY, KY 42071

PS Form 3800

0944 5547 1000 0692 2013

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

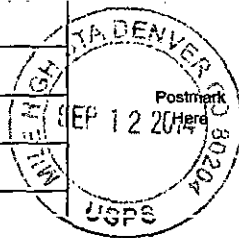
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information v

MHF
ENCANA/BLANCO WASH

OFFI

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



Sent To
Street, A
or PO B.
City, Sta

BRAYFIELD, EVA
2501 LA PLATA HWY
TRLR C
FARMINGTON, NM 87401

PS Form 3800, August 2000

See reverse for instructions

49844 55417 1000 0632 8107

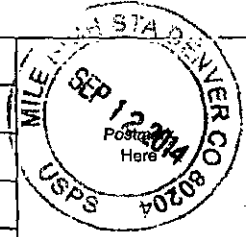
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

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

Sent To **BREWER, ARLINDA**
 Street, Apt. or PO Box **10700 ACADEMY NE #2318**
 City, State **ALBUQUERQUE, NM 87111**

PS Form 3800, August 2006 See Reverse for Instructions



Letter Returned

16444 55417 1000 0632 8107

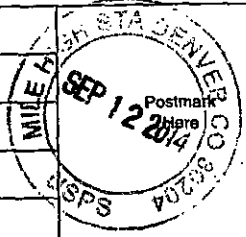
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

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

Sent To **BRIGHT, JESSIE**
 Street, Apt. or PO Box **5660 POST RD**
 City, State **WINSTON, GA 30187**

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

BRIGHT, JESSIE
5660 POST RD
WINSTON, GA 30187

2. Article Number _____
 (Transfer from service label)

7013 2630 0001 1455 4491

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 2630 0001 1455 4507

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

For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Postmark
 MILE HIGH STA DENVER CO 80204
 SEP 12 2014
 USPS

Sent To
 BUCK, BERTHA L
 PO BOX 1348
 SHIPROCK, NM 87420

Street, Apt. # or PO Box #
 City, State, Z

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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
 X *Bertha Buck* Agent Addressee

B. Received by (Printed Name) *Bertha Buck* Date of Delivery *9/15/14*

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

1. Article Addressed to:

BUCK, BERTHA L
PO BOX 1348
SHIPROCK, NM 87420

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7013 2630 0001 1455 4507

PS Form 3811, July 2013 Domestic Return Receipt

7013 2630 0001 1455 4514

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

For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Postmark
 MILE HIGH STA DENVER CO 80204
 SEP 12 2014
 USPS

Sent To
 BURNS, CHRISTIAN
 POST OFFICE BOX 3893
 FARMINGTON, NM 87499

Street, Apt. # or PO Box #
 City, State, Z

PS Form 3800, August 2006 See Reverse for Instructions

7254 554T 1000 0392 ET02

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFI

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

Postmark Here SEP 15 2014
 MILE HIGH STA DENVER CO 80204
 USPS

Sent To: **CANUTO ESTATE, ALICE J**
5502 W COMMANCHE
FARMINGTON, NM 87401

Street, Apt. No. or PO Box No
 City, State, Zip

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CANUTO ESTATE, ALICE J
5502 W COMMANCHE
FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7013 2630 0001 1455 4521**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

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
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

FARMINGTON NM 87401
SEP 15 2014
 USPS

PS Form 3811, July 2013 Domestic Return Receipt

9538 554T 1000 0392 ET02

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFIC

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

Postmark Here SEP 15 2014
 MILE HIGH STA DENVER CO 80204
 USPS

Sent To: **CANUTO JR, STEVEN**
1420 YORK AVE SP 9
FARMINGTON, NM 87401

Street, Apt. No. or PO Box No
 City, State, Zip

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CANUTO JR, STEVEN
1420 YORK AVE SP 9
FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7013 2630 0001 1455 4538**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) _____ C. Date of Delivery **09-15-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

59

5454 554T 14545 1000 0692 ETD1

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

For delivery information visit **OFFICI** ENCANA/BLANCO WASH

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

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 12 2014
 USPS

Sent To
 CANUTO JR, WILBUR
 PO BOX 541
 BLOOMFIELD, NM 87413

Street, Apt. No., or PO Box No.
 City, State, ZIP+

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 CANUTO JR, WILBUR
 PO BOX 541
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label): **7013 2630 0001 1455 4545**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Wilbur Canuto* Agent Addressee

B. Received by (Printed Name): **Wilbur Canuto** C. Date of Delivery: **9.17.14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

2554 554T 14545 1000 0692 ETD1

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

For delivery information visit **OFFICI** ENCANA/BLANCO WASH

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

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 12 2014
 USPS

Sent To
 CANUTO, ANGEL E
 105 TEXAS SE
 ALBUQUERQUE, NM 87108

Street, Apt. No., or PO Box No.
 City, State, ZIP+

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 CANUTO, ANGEL E
 105 TEXAS SE
 ALBUQUERQUE, NM 87108

2. Article Number (Transfer from service label): **7013 2630 0001 1455 4552**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Angel E Canuto* Agent Addressee

B. Received by (Printed Name): **Angel E Canuto** C. Date of Delivery: **9.17.14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

60

7013 2630 0001 1455 4569

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

For delivery information visit **ENCANA/BLANCO WASH**

OFFICIAL

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

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 2 2014
 USPS

Sent To
 Street, Apt or PO Box
 City, State
CANUTO, BERTHA MAE SMITH
309 N 3RD ST SP #56
BLOOMFIELD, NM 87413

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CANUTO, BERTHA MAE SMITH
309 N 3RD ST SP #56
BLOOMFIELD, NM 87413

2. Article Number
 (Transfer from service label) **7013 2630 0001 1455 4569**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Bertha Smith

B. Received by (Printed Name) **BERTHA SMITH** C. Date of Delivery **9-18-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

Letter Returned



7013 2630 0001 1455 4576

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

For delivery information visit **ENCANA/BLANCO WASH**

OFFICIAL

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

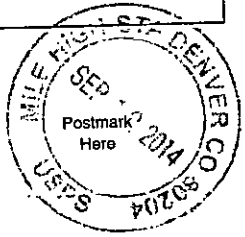
Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 2 2014
 USPS

Sent To
 Street, Apt or PO Box
 City, State
CANUTO, CALVIN L
PO BOX 1773
BLOOMFIELD, NM 87413

PS Form 3800, August 2006 See Reverse for Instructions

7013 2630 0001 1455 4583

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **OFFICIAL**
 ENCANA/BLANCO WASH

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

Sent To: **CANUTO, CURTIS**
 126 EAST MAIN ST
 FARMINGTON, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CANUTO, CURTIS
 126 EAST MAIN ST
 FARMINGTON, NM 87401

2. Article Number: **7013 2630 0001 1455 4583**
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *Lucinda Segura* C. Date of Delivery: *9/15*

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


3. Service Type: Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



7013 2630 0001 1455 4590

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **OFFICIAL**
 ENCANA/BLANCO WASH

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

Sent To: **Canuto, Julia Mae Sandoval**
 1420 YORK AVE #9
 FARMINGTON, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Canuto, Julia Mae Sandoval
 1420 YORK AVE #9
 FARMINGTON, NM 87401

2. Article Number: **7013 2630 0001 1455 4590**
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *Julia Sandoval* C. Date of Delivery: *9-15-14*

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

3. Service Type: Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

67

7013 2630 0001 1455 4606

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

For delivery information **ENCANA/BLANCO WASH**

OFFI

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

Sent To
 CANUTO, LEONARD
 309 N 3RD ST #22
 BLOOMFIELD, NM 87413

Postmark Here
 SEP 17 2014
 DENVER CO 80204

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 CANUTO, LEONARD
 309 N 3RD ST #22
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)
 7013 2630 0001 1455 4606

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 Leonard Canuto

B. Received by (Printed Name) Agent Addressee
 Leonard Canuto

C. Date of Delivery
 9-24-14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7013 2630 0001 1455 4613

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

For delivery information **ENCANA/BLANCO WASH**

OFFI

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

Sent To
 CANUTO, MABEL C
 PO BOX 3185
 SHIPROCK, NM 87420

Postmark Here
 SEP 17 2014
 DENVER CO 80204

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 CANUTO, MABEL C
 PO BOX 3185
 SHIPROCK, NM 87420

2. Article Number (Transfer from service label)
 7013 2630 0001 1455 4613

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 Mabel C Canuto

B. Received by (Printed Name) Agent Addressee
 Mabel C Canuto

C. Date of Delivery
 09-25-14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

63

7013 2630 0001 1455 5948

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFIC

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

Postmark Here

Total
 Sent To
CANUTO, TULLY
PO BOX 44
COUNSELOR, NM 87018

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
CANUTO, TULLY
PO BOX 44
COUNSELOR, NM 87018

2. Article Number (Transfer from service label) **7013 2630 0001 1455 5948**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Manuel Castillo

B. Received by (Printed Name) **Dovens Castillo** C. Date of Delivery **9-17-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 2630 0001 1455 5948

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFIC

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

Postmark Here

Total P
 Sent To
CANUTO, VIRGIL
126 EAST MAIN
FARMINGTON, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
CANUTO, VIRGIL
126 EAST MAIN
FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7013 2630 0001 1455 5931**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Lucinda Seaine

B. Received by (Printed Name) **Lucinda Seaine** C. Date of Delivery **9/15**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

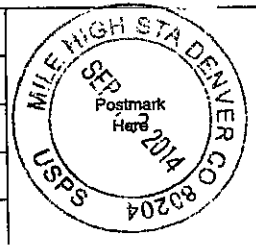
64

7013 2630 0001 1455 5924

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

For delivery information visit **OFFIC**
ENCANA/BLANCO WASH
MHF

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



Sent To
CANUTO, WALTER
Street, Apt. or PO Box
PO BOX 1773
City, State
BLOOMFIELD, NM 87413
PS Form 3800, August 2006

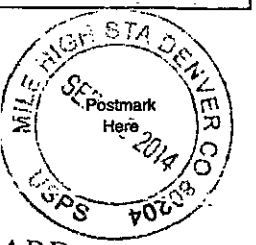
Letter Returned

7013 2630 0001 1455 5917

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

For delivery information visit **OFFIC**
ENCANA/BLANCO WASH
MHF

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



Sent To
CANUTO, WILLARD
Street, Apt. No. or PO Box No
PO BOX 541
City, State, ZIP+4
BLOOMFIELD, NM 87413
PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CANUTO, WILLARD
PO BOX 541
BLOOMFIELD, NM 87413

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
 B. Received by (Printed Name) Date of Delivery
 WILLARD CANUTO 9-17-14
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery
 4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7013 2630 0001 1455 5917
(Transfer from service label)

65

0065 554T 1455 5900 2630 0000 0001 1455 5900

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Postmark Here
 MILE HIGH STA DENVER CO SEP 12 2014 USPS 80204

Sent To
 CANUTO, WILTON E
 PO BOX 132
 FRUITLAND, NM 87416

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 CANUTO, WILTON E
 PO BOX 132
 FRUITLAND, NM 87416

2. Article Number, (Transfer from service label)
 7013 2630 0001 1455 5900

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Marlene Mas...* Agent Addressee

B. Received by (Printed Name) *Marlene Mas...* C. Date of Delivery *9/18/14*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

0065 554T 1455 5900 2630 0000 0001 1455 5900

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Postmark Here
 MILE HIGH STA DENVER CO SEP 12 2014 USPS 80204

Sent To
 CASAUS, BERNICE P
 5502 W COMANCHE
 FARMINGTON, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 CASAUS, BERNICE P
 5502 W COMANCHE
 FARMINGTON, NM 87401

2. Article Number, (Transfer from service label)
 7013 2630 0001 1455 5894

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Bernice Casaus* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

66

7013 2630 0001 1455 5887

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **OFFIC** ENCANA/BLANCO WASH

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

Postmark Here
 SEP 15 2014
 MILE HIGH STA DENVER CO 80204

Sent To
 CASTIANO JR, RANDELL
 126 EAST MAIN
 FARMINGTON, NM 87401

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 CASTIANO JR, RANDELL
 126 EAST MAIN
 FARMINGTON, NM 87401

2. Article Number
(Transfer from service label) 7013 2630 0001 1455 5887

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Martha John* C. Date of Delivery _____

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

3. Service Type *USPS*
 Certified Mail Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **OFFIC** ENCANA/BLANCO WASH

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

Postmark Here
 SEP 15 2014
 MILE HIGH STA DENVER CO 80204

Sent To
 CASTIANO, ALLISON
 126 E MAIN ST
 FARMINGTON, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 CASTIANO, ALLISON
 126 E MAIN ST
 FARMINGTON, NM 87401

2. Article Number
(Transfer from service label) 7013 2630 0001 1455 5870

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Martha John* C. Date of Delivery _____

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

3. Service Type *USPS*
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 2630 0001 1455 5870

7013 2630 0001 1455 5863

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Postmark Here

Sent To **CASTIANO, CHAVEZ B**
PO BOX 3523
SHIPROCK, NM 87420

Street, Apt. or PO Box No
 City, State, Zi

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CASTIANO, CHAVEZ B
PO BOX 3523.
SHIPROCK, NM 87420

2. Article Number **7013 2630 0001 1455 5863**
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Julia Vicente

B. Received by (Printed Name) Date of Delivery
Julia Vicente 9/11/14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 2630 0001 1455 5866

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Postmark Here

Sent To **CASTIANO, TAHIYAH J**
1628 MOON NE
ALBUQUERQUE, NM 87112

Street, Apt. No or PO Box No
 City, State, Zi

PS Form 3800, August 2006 See Reverse for Instructions

Letter returned

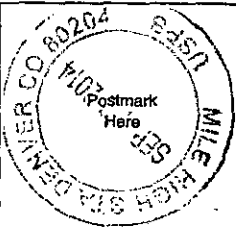
7013 2630 0001 1455 5849

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Signature Required)
MHF
For delivery information visit www.usps.com
ENCANA/BLANCO WASH

OFFICE

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



Sent To
CASTIANO, TRAVIS R
126 E MAIN ST
FARMINGTON, NM 87401

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CASTIANO, TRAVIS R
126 E MAIN ST
FARMINGTON, NM 87401

2. Article Number
(Transfer from service label)

7013 2630 0001 1455 5849

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X
 Agent
 Addressee

B. Received by (Printed Name)
Luanda Segura
C. Date of Delivery
9/15

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



3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

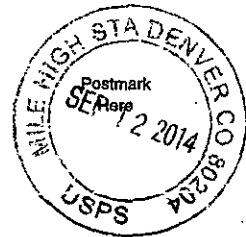
7013 2630 0001 1455 5832

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Signature Required)
MHF
For delivery information visit www.usps.com
ENCANA/BLANCO WASH

OFFICE

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



Sent To
CASTIANO, ZACHARIAH E
1628 MOON NE
ALBUQUERQUE, NM 87112

PS Form 3800, August 2006 See Reverse for Instructions

69

5295 554T 1000 0692 8702

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

MHF
 For delivery information visit **ENCANA/BLANCO WASH**

OFFIC

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

Postmark Here
 MILE HIGH ST DENVER CO 80204
 SEP 12 2014
 USPS

Sent To
 CASTILLO, JACQUELINE
 PO BOX 994
 CUBA, NM 87013-0994

Street, Apt. or PO Box
 City, State.

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 CASTILLO, JACQUELINE
 PO BOX 994
 CUBA, NM 87013-0994

2. Article Number (Transfer from service label)
 7013 2630 0001 1455 5825

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Michael Cortto* Agent Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 9-15-14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

8195 554T 1000 0692 8702

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

MHF
 For delivery information visit **ENCANA/BLANCO WASH**

OFFIC

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

Postmark Here
 MILE HIGH ST DENVER CO 80204
 SEP 12 2014
 USPS

Sent To
 CASTILLO, SARAH S
 PO BOX 4894
 EL PASO, TX 79914

Street, Apt. or PO Box
 City, State.

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 CASTILLO, SARAH S
 PO BOX 4894
 EL PASO, TX 79914

2. Article Number (Transfer from service label)
 7013 2630 0001 1455 5818

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Sarah Castillo* Agent Addressee

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
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7085 5541 1000 0692 8702

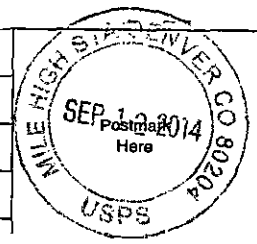
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC** MHF ENCANA/BLANCO WASH

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

Sent To: CASUSE, JOLANDA F
 Street, Apt. or PO Box: 4860 W 4700 S APT 110
 City, State, Zip: SALT LAKE CTY, UT 84118

PS Form 3800, August 2006 See Reverse for Instructions



Letter Returned



5625 5541 1000-0692 8702

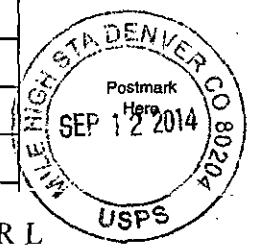
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC** MHF ENCANA/BLANCO WASH

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

Sent To: CASUSE, ROGER L
 Street, Apt. No. or PO Box No: 1676 WEST 1190 NORTH CIR
 City, State, Zip: APT H ST GEORGE, UT 84770

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Dean Simpson</i> B. Received by (Printed Name) _____ C. Date of Delivery <u>9-15-14</u> D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____ <i>Dean Simpson</i>
1. Article Addressed to:	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
CASUSE, ROGER L 1676 WEST 1190 NORTH CIR APT H ST GEORGE, UT 84770	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
2. Article Number (Transfer from service label)	7013 2630 1000 1455 15795
PS Form 3811, July 2013	Domestic Return Receipt

91

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

For delivery information visit **OFFIC** MHF ENCANA/BLANCO WASH

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

Total P: _____

Sent To
 Street, Apt. or PO Box
 City, State

CAYADITTO, BETTY J
 HCR 79 BOX 3087
 CUBA, NM 87013

PS Form 3800, August 2006 See Reverse for Instructions

7013 2630 0001 1455 5788

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CAYADITTO, BETTY J
 HCR 79 BOX 3087
 CUBA, NM 87013

2. Article Number (Transfer from service label)
 7013 2630 0001 1455 5788

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) C. Date of Delivery
Candice Delgado 9/17/14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

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

For delivery information visit **OFFIC** MHF ENCANA/BLANCO WASH

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

Total Post: _____

Sent To
 Street, Apt. or PO Box
 City, State

CAYADITTO, EDISON
 1928 BUENA VISTA SE #C
 ALBUQUERQUE, NM 87106

PS Form 3800, August 2006 See Reverse for Instructions

7225 554T 1000 0692 6102

7013 2630 0001 1455 5764

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

For delivery information visit **ENCANA/BLANCO WASH**
OFFIC

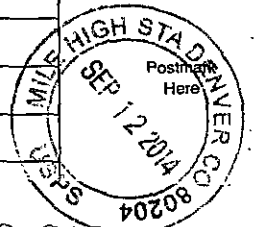
MHF

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

Sent To: **CAYADITTO, GARY**
PO BOX 22
CUBA, NM 87013

Street, Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CAYADITTO, GARY
PO BOX 22
CUBA, NM 87013

2. Article Number (Transfer from service label) **7013 2630 0001 1455 5764**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Lorraine Toledo* Agent Addressee

B. Received by (Printed Name) **LORRAINE Toledo** C. Date of Delivery **9/15/14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 2630 0001 1455 5757

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

For delivery information visit **ENCANA/BLANCO WASH**
OFFIC


MHF

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

Sent To: **CAYADITTO, RICKY L**
PO BOX 237
CUBA, NM 87013

Street, Apt. No. or PO Box
 City, State,

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CAYADITTO, RICKY L
PO BOX 237
CUBA, NM 87013

2. Article Number (Transfer from service label) **7013 2630 0001 1455 5757**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Ricky Cayaditto* Agent Addressee

B. Received by (Printed Name) **Ricky Cayaditto** C. Date of Delivery **9/25/14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

0455 5547 1000 0320 0001 1455 5740

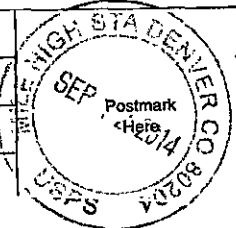
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Total CHARLEY JR, JUAN
 424 NORTH 4TH ST
 BLOOMFIELD, NM 87413

Sent _____
 Street, Apt or PO Box _____
 City, State _____

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 CHARLEY JR, JUAN
 424 NORTH 4TH ST
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7013, 2630 0001, 1455 5740

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Del Rey Johnson*

B. Received by (Printed Name) *Del Rey Johnson* C. Date of Delivery *9/15/13*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

0455 5547 1000 0320 0001 1455 5733

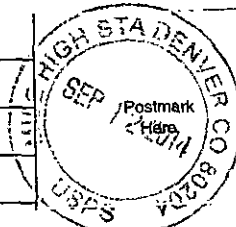
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Total Po CHARLIE, CORA L
 1496 E 8 N RD
 MONTE VISTA, CO 81144

Sent To _____
 Street, Apt or PO Box _____
 City, State _____

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 CHARLIE, CORA L
 1496 E 8 N RD
 MONTE VISTA, CO 81144

2. Article Number (Transfer from service label) 7013 2630 0001 1455 5733

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Calandra Charlie*

B. Received by (Printed Name) *Calandra Charlie* C. Date of Delivery *9.15.13*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

74

7014 2120 0001 8425 9545

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** MHF

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

Postmark Here
 SEP 12 2014
 MILE HIGH STA DENVER CO 80204
 USPS

Sent To: **CHAVEZ JR, AMOS**
 Street or PO: **PO BOX 240**
 City, State: **COUNSELOR, NM 87018**

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
CHAVEZ JR, AMOS
PO BOX 240
COUNSELOR, NM 87018

2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 9545

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 x *Ange Harrison*

B. Received by (Printed Name) **Ange Harrison**

C. Date of Delivery **9-18-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

7014 2120 0001 8425 9538

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** MHF

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

Postmark Here
 SEP 12 2014
 MILE HIGH STA DENVER CO 80204
 USPS

Sent To: **CHAVEZ, ALICE**
 Street & A or PO Box: **PO BOX 23**
 City, State: **MEXICAN SPRINGS, NM 87320**

PS Form 3800, July 2013 See Reverse for Instructions

Letter Returned

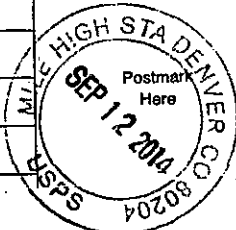
7014 2120 0001 8425 9521

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit usps.comMIIF
ENCANA/BLANCO WASH

OFFICE

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

 Sent To _____
 Street & Apt. No.
or PO Box No.
City, State, ZIP+4

 CHAVEZ, AMOS
 PO BOX 240
 COUNSELOR, NM 87018

PS Form 3811, July 2013 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

 CHAVEZ, AMOS
 PO BOX 240
 COUNSELOR, NM 87018
2. Article Number
(Transfer from service label)

7014 2120 0001 8425 9521

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Angie Hansen

 Agent
 Addressee

B. Received by (Printed Name)

Angie Hansen

C. Date of Delivery

9-18-14

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

3. Service Type

-
- Certified Mail®
-
- Priority Mail Express™
-
-
- Registered
-
- Return Receipt for Merchandise
-
-
- Insured Mail
-
- Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

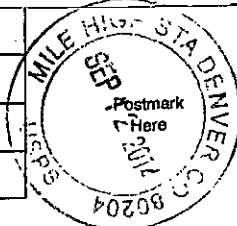
7014 2120 0001 8425 9514

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit usps.comMIIF
ENCANA/BLANCO WASH

OFFICE

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

 Sent To _____
 Street & Apt. No.
or PO Box No.
City, State, ZIP+4

 CHAVEZ, ANDREW
 PO BOX 1512
 BLOOMFIELD, NM 87413

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

 CHAVEZ, ANDREW
 PO BOX 1512
 BLOOMFIELD, NM 87413
2. Article Number
(Transfer from service label)

7014 2120 0001 8425 9514

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Rose A Chavez

 Agent
 Addressee

B. Received by (Printed Name)

Rose A Chavez

C. Date of Delivery

9-16-14

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

3. Service Type

-
- Certified Mail®
-
- Priority Mail Express™
-
-
- Registered
-
- Return Receipt for Merchandise
-
-
- Insured Mail
-
- Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

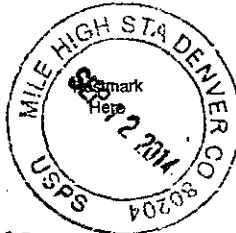
76

7014 2120 0001 8425 9507

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICE**
MIIF
ENCANA/BLANCO WASH

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



Sent To
CHAVEZ, BESSIE A
18875 EAST SEAGULL DR
QUEEN CREEK, AZ 85142
Street & Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CHAVEZ, BESSIE A
18875 EAST SEAGULL DR
QUEEN CREEK, AZ 85142

2. Article Number
(Transfer from service label)

7014 2120 0001 8425 9507

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Bessie A Chavez* Agent Addressee

B. Received by (Printed Name) *Bessie Chavez* C. Date of Delivery *9-15-14*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

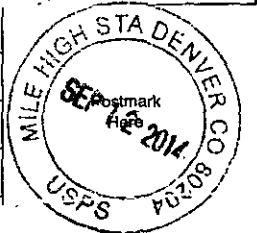
4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 9491

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICE**
MIIF
ENCANA/BLANCO WASH

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



Sent To
CHAVEZ, FANNIE R
1119 JAMES CIRCLE
BLOOMFIELD, NM 87413
Street & Apt. No. or PO Box No.
City, State, ZIP

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CHAVEZ, FANNIE R
1119 JAMES CIRCLE
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

7014 2120 0001 8425 9491

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Fannie R Chavez* Agent Addressee

B. Received by (Printed Name) *Fannie Chavez* C. Date of Delivery *9-16-14*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 9464

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **MHF**
ENCANA/BLANCO WASH

OFFIC

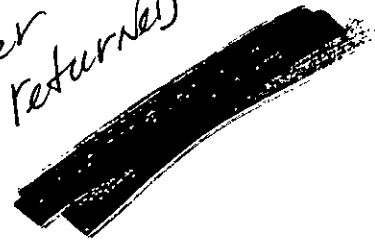
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Post	

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEPT 2 2014
 USPS

Sent To: CHAVEZ, JENITA
 120 N MCQUEEN RD
 APT 246
 CHANDLER, AZ 85225

PS Form 3800, July 2014 See Reverse for Instructions

Letter Returned



7014 2120 0001 8425 9477

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **MHF**
ENCANA/BLANCO WASH

OFFIC

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

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEPT 2 2014
 USPS

Sent To: CHAVEZ, MARQUEZ A
 POST OFFICE BOX 373
 NAGEEZI, NM 87037

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>X Marquez Chavez</i></p> <p>B. Received by (Printed Name) <i>Marquez Chavez</i> C. Date of Delivery <i>9/16/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>CHAVEZ, MARQUEZ A POST OFFICE BOX 373 NAGEEZI, NM 87037</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7014 2120 0001 8425 9477</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

78

7014 2120 0001 8425 9460

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **MHF**
 ENCANA/BLANCO WASH

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

Postmark: **MILE HIGH STA DENVER CO 80204**
SEP 12 2014
 USPS

Sent To: **CHAVEZ, MICHAEL**
715 W BROADWAY,
SPACE 45
FARMINGTON, NM 87401

PS Form 3800, See Reverse for Instructions

7014 2120 0001 8425 9453

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **MHF**
 ENCANA/BLANCO WASH

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

Postmark: **MILE HIGH STA DENVER CO 80204**
SEP 12 2014
 USPS

Sent To: **CHAVEZ, NITA L**
PO BOX 1342
BLOOMFIELD, NM 87413

PS Form 3800, July 2014, See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent X Nita Chavez <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Nita Chavez</p> <p>C. Date of Delivery 9/16/14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>CHAVEZ, NITA L PO BOX 1342 BLOOMFIELD, NM 87413</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7014 2120 0001 8425 9453</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

79

7014 2120 0001 8425 9446

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICE**
 ENCANA/BLANCO WASH

MHF

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

Sent To
 Street & Apt. # or PO Box No.
 City, State, ZIP

CHAVEZ, ROSIE A
 PO BOX 1512
 BLOOMFIELD, NM 87413

Postmark Here
 SEP 12 2014
 MILE HIGH STA DENVER CO 80204
 U.S.P.S.

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CHAVEZ, ROSIE A
 PO BOX 1512
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7014 2120 0001 8425 9446

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

3. Signature
 X *Rosie A Chavez*
 Agent
 Addressee

B. Received by (Printed Name) *Rosie A Chavez* C. Date of Delivery *9-16-14*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 9439

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICE**
 ENCANA/BLANCO WASH

MHF

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

Sent To
 Street & Apt. # or PO Box No.
 City, State, ZIP

CHEVARILLO, ELOUISE
 2550 EAST 16TH 8-203
 FARMINGTON, NM 87401

Postmark Here
 SEP 12 2014
 MILE HIGH STA DENVER CO 80204
 U.S.P.S.

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CHEVARILLO, ELOUISE
 2550 EAST 16TH 8-203
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label) 7014 2120 0001 8425 9439

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Eloise Chevarillo*
 Agent
 Addressee

B. Received by (Printed Name) *Eloise Chevarillo* C. Date of Delivery *SEP 16 2014*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 9422

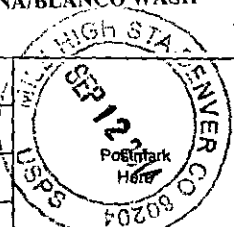
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** MHF ENCANA/BLANCO WASH

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

Sent To **COMANCHE, JOHN P**
 Street & Apt. No. or PO Box No. **20 ROAD 7588**
 City, State, Zip+4 **BLOOMFIELD, NM 87413**

PS Form 3800, July 2013 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
COMANCHE, JOHN P
20 ROAD 7588
BLOOMFIELD, NM 87413

2. Article Number **7014 2120 0001 8425 9422**
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X John P Comanche

B. Received by (Printed Name) **John P Comanche** C. Date of Delivery **9-16-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 9415

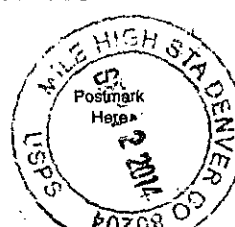
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** MHF ENCANA/BLANCO WASH

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

Sent To **COSTILLO, DORIS T**
 Street & Apt. No. or PO Box No. **HCR 79 BOX 3030**
 City, State, Zip+4 **CUBA, NM 87013**

PS Form 3800, July 2013 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
COSTILLO, DORIS T
HCR 79 BOX 3030
CUBA, NM 87013

2. Article Number **7014 2120 0001 8425 9415**
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Leonard Sauron

B. Received by (Printed Name) **LEONARD SAURON** C. Date of Delivery **9-16-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

81

7014 2120 0001 8425 9408

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** MHF

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

Total Postage: _____

Sent to: **CURLEY, RITA L**
PO BOX 1180
CHINLE, AZ 86503

Postmark Here: **SEP 12 2013**
MILE HIGH STA DENVER CO

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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:

CURLEY, RITA L
PO BOX 1180
CHINLE, AZ 86503

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X Rita Curley** Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 9408

PS Form 3811, July 2013 Domestic Return Receipt

7014 2120 0001 8425 9392

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** MHF

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

Total Postage: _____

Sent to: **CURTIS, PHOEBE ANN**
PO BOX 1533
KIRTLAND, NM 87417

Postmark Here: **SEP 12 2013**
MILE HIGH STA DENVER CO

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

CURTIS, PHOEBE ANN
PO BOX 1533
KIRTLAND, NM 87417

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X Phoebe Curtis** Agent Addressee

B. Received by (Printed Name) **Phoebe Curtis** C. Date of Delivery **9**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 9392

PS Form 3811, July 2013 Domestic Return Receipt

82

7014 2120 0001 8425 9385

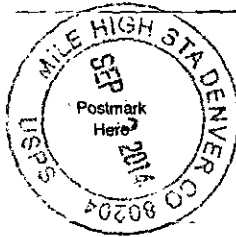
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **MHF**
ENCANA/BLANCO WASH

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

Sent To **DECKER, ROSIE F**
PO BOX 1352
FRUITLAND, NM 87416

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
DECKER, ROSIE F
PO BOX 1352
FRUITLAND, NM 87416

2. Article Number **7014 2120 0001 8425 9385**
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X **Arvin Hunt**

B. Received by (Printed Name) Date of Delivery
Arvin Hunt **9.17.14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8555

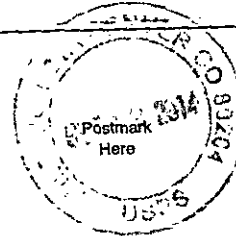
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **MHF**
ENCANA/BLANCO WASH

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

Sent To **DEED SIMPSON, NATHANIEL**
PO BOX 593
FARMINGTON, NM 87499

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
DEED SIMPSON, NATHANIEL
PO BOX 593
FARMINGTON, NM 87499

2. Article Number **7014 2120 0001 8425 8555**
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X **Arvin Hunt**

B. Received by (Printed Name) Date of Delivery
Arvin Hunt **9.17.14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8548

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

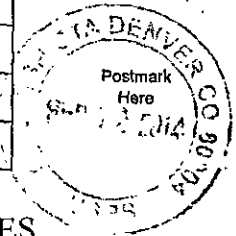
For delivery information, visit **OFFIC** ENCANA/BLANCO WASH

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

Sent To **DEED, DELORES**
PO BOX 593
FARMINGTON, NM 87499

Street & Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DEED, DELORES
PO BOX 593
FARMINGTON, NM 87499

2. Article Number (Transfer from service label) **7014 2120 0001 8425 8548**

COMPLETE THIS SECTION ON DELIVERY

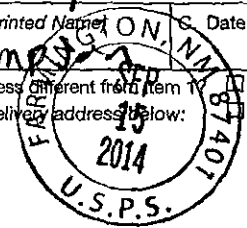
A. Signature Agent Addressee
X Deed Deores

B. Received by (Printed Name) **Deores Deores** C. Date of Delivery **SEP 15 2014**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



7014 2120 0001 8425 8531

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

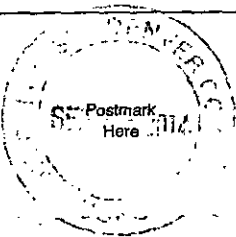
For delivery information, visit **OFFI** ENCANA/BLANCO WASH

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

Sent To **DEED, SAMUEL L**
PO BOX 593
FARMINGTON, NM 87499

Street & Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DEED, SAMUEL L
PO BOX 593
FARMINGTON, NM 87499

2. Article Number (Transfer from service label) **7014 2120 0001 8425 8531**

COMPLETE THIS SECTION ON DELIVERY

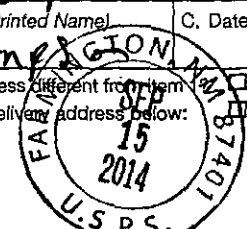
A. Signature Agent Addressee
X Deores Deores

B. Received by (Printed Name) **Deores Deores** C. Date of Delivery **SEP 15 2014**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



84

7014 2120 0001 8425 8524

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL MAIL SERVICE** **ENCANA/BLANCO WASH**

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

Postmark Here
 MILE HIGH STATE DENVER CO 80204
 SEP 2 2014

Sent To
 DENNISON, HELEN T
 PO BOX 1694
 TOHATCHI, NM 87325

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 DENNISON, HELEN T
 PO BOX 1694
 TOHATCHI, NM 87325

2. Article Number (Transfer from service label) **7014 2120 0001 8425 8524**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Helen T

B. Received by (Printed Name) *Helen T* C. Date of Delivery *8/16/14*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8517

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL MAIL SERVICE** **ENCANA/BLANCO WASH**

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

Postmark Here
 MILE HIGH STATE DENVER CO 80204
 SEP 2 2014

Sent To
 DESHEUQUETTE, CYNTHIA
 PO BOX 982
 FRUITLAND, NM 87416

PS Form 3800, July 2014

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 DESHEUQUETTE, CYNTHIA
 PO BOX 982
 FRUITLAND, NM 87416

2. Article Number (Transfer from service label) **7014 2120 0001 8425 8517**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Cynthia Deshequette

B. Received by (Printed Name) *Cynthia Deshequette* C. Date of Delivery *9/17/14*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

85

7014 2120 0001 8425 8500

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

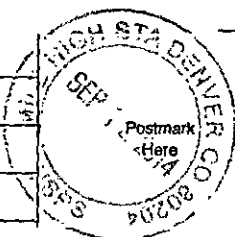
Domestic Mail Only

For delivery information

MHF
ENCANA/BLANCO WASH

OFFI

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



Total Postage

Sent To
Street & Apt. N. or PO Box No.
City, State, ZIP

DOMINGO, LILLIE W
BOX 228
NAGEEZI, NM 87037

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DOMINGO, LILLIE W
BOX 228
NAGEEZI, NM 87037

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *Royce Domingo* Agent Addressee

B. Received by (Printed Name)
ROYCE DOMINGO

C. Date of Delivery
9/19/14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8500

Domestic Return Receipt

7014 2120 0001 8425 8494

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information

MHF
ENCANA/BLANCO WASH

OFFI

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



Total Postage

Sent To
Street & Apt. N. or PO Box No.
City, State, ZIP

DUBOISE, SUSIE
PO BOX 1674
GALLUP, NM 87305

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

DUBOISE, SUSIE
PO BOX 1674
GALLUP, NM 87305

2. Article Number
(Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *Susie Duboise* Agent Addressee

B. Received by (Printed Name)
SUSIE DUBOISE

C. Date of Delivery

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8494

Domestic Return Receipt

86

7014 2120 0001 8425 8487

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **ENCANA/BLANCO WASH**

MHF

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

Postmark Here
 SEP 15 2014
 EAST WASHINGTON STA DENVER CO 80204

Sent To
DUCKEY, APRIL LARUE
PO BOX 942
PARKER, AZ 85344

Street & Apt. or PO Box N.
 City, State, Z

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
DUCKEY, APRIL LARUE
PO BOX 942
PARKER, AZ 85344

2. Article Number (Transfer from service label)
 7014 2120 0001 8425 8487

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
[Signature]

C. Date of Delivery
 9-15

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8470

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **ENCANA/BLANCO WASH**

MHF

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

Postmark Here
 SEP 15 2014
 EAST WASHINGTON STA DENVER CO 80204

Sent To
EASCHIEF, AARON D
10005 E OSBORN RD
SCOTTSDALE, AZ 85256

Street & Apt. or PO Box N.
 City, State, Z

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
EASCHIEF, AARON D
10005 E OSBORN RD
SCOTTSDALE, AZ 85256

2. Article Number (Transfer from service label)
 7014 2120 0001 8425 8470

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Laurie Crawford* Agent Addressee

B. Received by (Printed Name)
Laurie Crawford

C. Date of Delivery
 9-15-14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8456

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 ENCANA/BLANCO WASH

For delivery information, visit **OFFIC**

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

Postmark Here
 MILE HIGH STA DENVER CO 80204 USPS

Sent To: Easchief, Cristen Owen Louis
 Street or PO: 888 E OAK ST
 City, S: MESA, AZ 85203

PS Form 3800, July 2014 See Reverse for Instructions

7014 2120 0001 8425 8456

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 ENCANA/BLANCO WASH

For delivery information, visit **OFFIC**

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

Postmark Here
 MILE HIGH STA DENVER CO 80204 USPS

Sent To: EDWAY, STANLEY
 Street & Apt. or PO Box N: PO BOX 476
 City, State, Z: NAGEEZI, NM 87037

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 EDWAY, STANLEY
 PO BOX 476
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Stanley Edway Agent Addressee

B. Received by (Printed Name)
 Stanley Edway

C. Date of Delivery
 9/16/14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8456

PS Form 3811, July 2013 Domestic Return Receipt

88

7014 2120 0001 8425 8449

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF
 ENCANA/BLANCO WASH

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

Sent To
 ELDRIDGE, LOUISE
 889 N 750 W APT 83
 PRICE, UT 84501

Street & Apt. or PO Box No.
 City, State, Z

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ELDRIDGE, LOUISE
 889 N 750 W APT 83
 PRICE, UT 84501

2. Article Number

(Transfer from service label)
 7014 2120 0001 8425 8449

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Louise Eldridge* Agent Addressee

B. Received by (Printed Name) Date of Delivery

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

LOUISE Eldridge

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8432

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF
 ENCANA/BLANCO WASH

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

Sent To
 ELDRIDGE, REBECCA P
 PO BOX 1493
 BLOOMFIELD, NM 87413

Street & Apt. or PO Box
 City, State,

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ELDRIDGE, REBECCA P
 PO BOX 1493
 BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)
 7014 2120 0001 8425 8432

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Rebecca P. Eldridge* Agent Addressee

B. Received by (Printed Name) Date of Delivery
 Rebecca P. Eldridge 9-15-14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

89

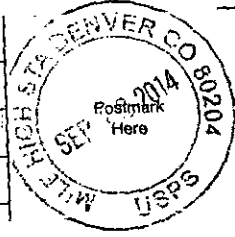
7014 2120 0001 8425 8425

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only MHF
For delivery information, visit usps.com ENCANA/BLANCO WASH

OFFICE

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



Sent To ERVIN, EMILIE I
P.O. BOX 1844
FARMINGTON, NM 87499

Street & Apt. No. or PO Box No.
City, State, ZIP

PS Form 3800, July 2013 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ERVIN, EMILIE I
P.O. BOX 1844
FARMINGTON, NM 87499

2. Article Number

7014 2120 0001 8425 8425

PS Form 3811, July 2013

Domestic Return Receipt

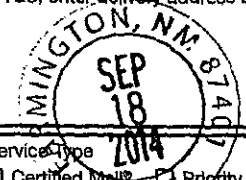
COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *R. Watson*

C. Date of Delivery *9-18-14*

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



3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

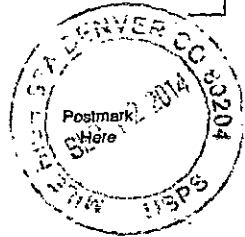
7014 2120 0001 8425 8418

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only MHF
For delivery information, visit usps.com ENCANA/BLANCO WASH

OFFICE

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



Sent To ETCITY, ADA
PO BOX 191
BLOOMFIELD, NM 87413

Street & Apt. No. or PO Box No.
City, State, ZIP

PS Form 3800, July 2013 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ETCITY, ADA
PO BOX 191
BLOOMFIELD, NM 87413

2. Article Number

7014 2120 0001 8425 8418

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *RITA GATTI*

C. Date of Delivery *9-16-14*

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

3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

7014 2120 0001 8425 8401

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

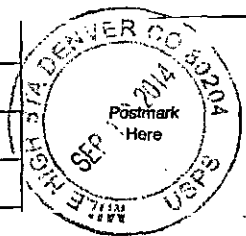
For delivery information, visit **OFFI**
 ENCANA/BLANCO WASH MHF

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

Sent To: Etcitty, Anna Belle Victor
 PO BOX 1181
 FARMINGTON, NM 87499

Street & Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Etcitty, Anna Belle Victor
 PO BOX 1181
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label): 7014 2120 0001 8425 8401

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *[Signature]* Agent Addressee

B. Received by (Printed Name): Ron Atchity C. Date of Delivery: 9/15/14

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

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8395

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

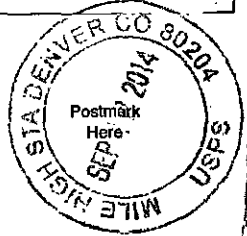
For delivery information, visit **OFFIC**
 ENCANA/BLANCO WASH MHF

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

Sent To: ETCITY, ANNIE L
 HC 79 BOX 46
 CUBA, NM 87013

Street & Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 ETCITY, ANNIE L
 HC 79 BOX 46
 CUBA, NM 87013

2. Article Number (Transfer from service label): 7014 2120 0001 8425 8395

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *[Signature]* Agent Addressee

B. Received by (Printed Name): A. Buckman C. Date of Delivery: 9-15-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
 4169 A E Rt 9 PMB 132
 Cuba, NM 87013

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

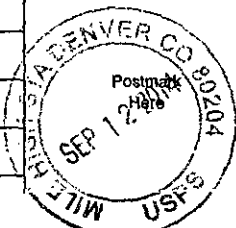
7014 2120 0001 8425 8388

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit **OFFICIAL** ENCANA/BLANCO WASH MIIF

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



Sent To ETCITY, CALVIN
Street & Apt. or PO Box PO BOX 1022
City, State, FARMINGTON, NM 87499

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ETCITY, CALVIN
PO BOX 1022
FARMINGTON, NM 87499

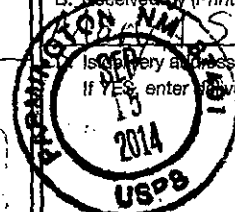
2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Mary A Sandoval

B. Received by (Printed Name) *Mary A Sandoval* C. Date of Delivery

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



3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8388

PS Form 3811, July 2013 Domestic Return Receipt

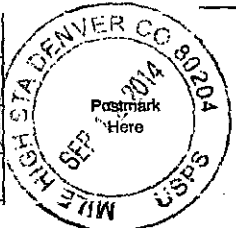
7014 2120 0001 8425 8371

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit **OFFICIAL** ENCANA/BLANCO WASH MIIF

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



Sent To ETCITY, CAMIE
Street & Apt. No., or PO Box No. PO BOX 343
City, State, ZIP+4 NAGEEZI, NM 87037

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ETCITY, CAMIE
PO BOX 343
NAGEEZI, NM 87037

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Camie Etcitty

B. Received by (Printed Name) *Camie Etcitty* C. Date of Delivery *9/24/14*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8371

PS Form 3811, July 2013 Domestic Return Receipt

92

7014 2120 0001 8425 8364

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **MHF**
ENCANA/BLANCO WASH

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

Sent To **ETCITY, CARMA**
 Street & Apt or PO Box # **PO BOX 343**
 City, State, ZIP+4® **NAGEEZI, NM 87037**

Postmark Here **SEP 12 2014**
 MILE HIGH ST. DENVER CO 80204

PS Form 3800, July 2014 See Reverse for Instructions

Letter returned

7014 2120 0001 8425 8357

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **MHF**
ENCANA/BLANCO WASH

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

Sent To **ETCITY, COLLETTE**
 Street & Apt or PO Box # **PO BOX 1394**
 City, State, ZIP+4® **SHIPROCK, NM 87420**

Postmark Here **SEP 12 2014**
 MILE HIGH ST. DENVER CO 80204

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
ETCITY, COLLETTE
PO BOX 1394
SHIPROCK, NM 87420

2. Article Number (Transfer from service label) **7014 2120 0001 8425 8357**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Jerry Morgan

B. Received by (Printed Name) Date of Delivery
Jerry Morgan

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

93

7014 2120 0001 8425 8340

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

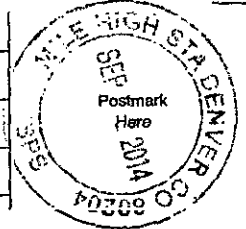
For delivery information: **MHF**
ENCANA/BLANCO WASH

OFFI

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

To: **ETCITY, GEORGE**
 Sent: **C/O ERNESTINE NAKAI**
 Street or P.O. Box: **PO BOX 223**
 City: **RED VALLEY, AZ 86544**

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
ETCITY, GEORGE
C/O ERNESTINE NAKAI
PO BOX 223
RED VALLEY, AZ 86544

2. Article Number (Transfer from service label) **7014 2120 0001 8425 8340**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X. Ernestine Nakai

B. Received by (Printed Name) Agent Addressee
Ernestine Nakai

C. Date of Delivery **9-24-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7012 2920 0002 1086 4549

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

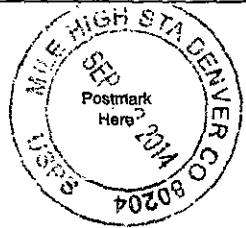
For delivery information: **MHF**
ENCANA/BLANCO WASH

OFFI

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

To: **ETCITY, MARLENE**
 Sent: **PO BOX 5531**
 Street, or P.O. Box: **FARMINGTON, NM 87499**
 City, State:

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
ETCITY, MARLENE
PO BOX 5531
FARMINGTON, NM 87499

2. Article Number (Transfer from service label) **7012 2920 0002 1086 4549**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X. Marlene Etcitty

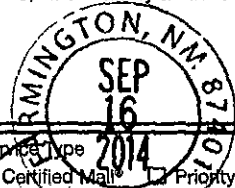
B. Received by (Printed Name) Agent Addressee
Marlene Etcitty

C. Date of Delivery **9-16-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



94

7012 2920 0002 1086 4532

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

For delivery information: ENCANA/BLANCO WASH

OFF

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

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 16 2014

Sent To
 Etcitty, Raelyn
 C/O Kenny Burrows
 5024 COYOTE WAY NE
 RIO RANCHO, NM 87144

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Etcitty, Raelyn
 C/O Kenny Burrows
 5024 COYOTE WAY NE
 RIO RANCHO, NM 87144

2. Article Number (Transfer from service label) 7012 2920 0002 1086 4532

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *Raelyn Burrows* Addressee

B. Received by (Printed Name) *Raelyn Burrows* C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7012 2920 0002 1086 4525

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

For delivery information: ENCANA/BLANCO WASH

OFF

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

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 17 2014

Sent To
 Etcitty-Stevenson, Samantha
 42 ROAD 5297
 FARMINGTON, NM 87335

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Etcitty-Stevenson, Samantha
 42 ROAD 5297
 FARMINGTON, NM 87335

2. Article Number (Transfer from service label) 7012 2920 0002 1086 4525

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *Lorraine Stevenson* Addressee

B. Received by (Printed Name) *Lorraine Stevenson* C. Date of Delivery *SEP 17 2014*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

95

7012 2920 0002 1086 4518

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

For delivery information visit **ENCANA/BLANCO WASH OFFICE**

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

Sent To: **FORD, CALVIN**
5930 W 79TH AVE
 ARVADA, CO 80003

Postmark: **SEP 12 2013 MILE HIGH STA DENVER CO 80204**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FORD, CALVIN
5930 W 79TH AVE
ARVADA, CO 80003

2. Article Number (Transfer from service label) **7012 2920 0002 1086 4518**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Roxana Ford

B. Received by (Printed Name) **Roxana Ford** C. Date of Delivery **9-16-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7012 2920 0002 1086 4501

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

For delivery information visit **ENCANA/BLANCO WASH OFFICE**

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

Sent To: **FORD, CHRISTINE**
27 EAGLE ROCK VILLAGE
BUDD LAKE, NJ 07828

Postmark: **SEP 12 2013 MILE HIGH STA DENVER CO 80204**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FORD, CHRISTINE
27 EAGLE ROCK VILLAGE
BUDD LAKE, NJ 07828

2. Article Number (Transfer from service label) **7012 2920 0002 1086 4501**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Christine Ford

B. Received by (Printed Name) **CHRISTINE FORD** C. Date of Delivery **SEP 16 2014**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

96

7012 2920 0002 1086 4495

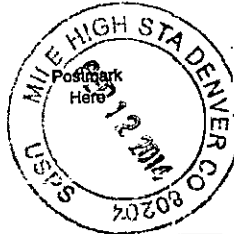
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information ENCANA/BLANCO WASH

OFFFI

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



Sent To **FORD, COLLEEN**
5930 W 79TH AVE
ARVADA, CO 80003

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FORD, COLLEEN
5930 W 79TH AVE
ARVADA, CO 80003

2. Article Number
(Transfer from service label)

7012 2920 0002 1086 4495

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Roxana Ford*
 B. Received by (Printed Name) *Roxana Ford* C. Date of Delivery *9-16-14*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7012 2920 0002 1086 4488

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information ENCANA/BLANCO WASH

OFFFI

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



Sent To **FORD, ROXANA E**
5930 W 79TH AVE
ARVADA, CO 80003-2516

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FORD, ROXANA E
5930 W 79TH AVE
ARVADA, CO 80003-2516

2. Article Number
(Transfer from service label)

7012 2920 0002 1086 4488

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Roxana Ford*
 B. Received by (Printed Name) *Roxana Ford* C. Date of Delivery *9-16-14*
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

97

7012 2920 0002 1086 4471

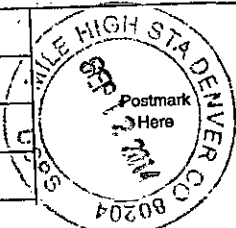
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information: ENCANA/BLANCO WASH
OFFFI

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

Sent To: **FRANK JR, STEVEN**
PO BOX 2015
SHIPROCK, NM 87420

Street, Apt. No. or PO Box No. _____
 City, State, ZIP _____

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
FRANK JR, STEVEN
PO BOX 2015
SHIPROCK, NM 87420

2. Article Number (Transfer from service label) **7012 2920 0002 1086 4471**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Theresa Frank

B. Received by (Printed Name) Date of Delivery
Theresa Frank **09/01/14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7012 2920 0002 1086 4464


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information: ENCANA/BLANCO WASH
OFFFI

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

Sent To: **FRANK, DARLENE**
PO BOX 1251
SHIPROCK, NM 87420

Street, Apt. No. or PO Box No. _____
 City, State, ZIP _____

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
FRANK, DARLENE
PO BOX 1251
SHIPROCK, NM 87420

2. Article Number (Transfer from service label) **7012 2920 0002 1086 4464**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Darlene Frank

B. Received by (Printed Name) Date of Delivery
Darlene Frank **09/01/14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

98

7012 2920 0002 1086 4457

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

For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

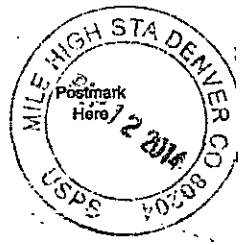
Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total P. _____

MHF

Postmark Here **12 2014**

Sent To **FRANK, DENNISON R**
 PO BOX 3461
 FARMINGTON, NM 87499

PS Form 3800, August 2006 See Reverse for Instructions



7012 2920 0002 1086 4440

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

For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

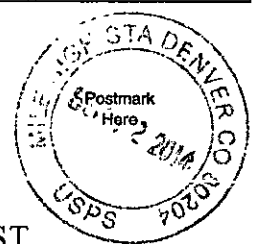
Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage _____

MHF

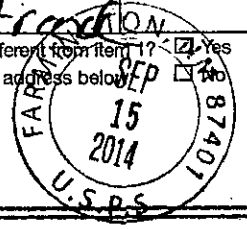
Postmark Here **12 2014**

Sent To **FRANK, ERNEST**
 PO BOX 5435
 FARMINGTON, NM 87499

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Louise Frank</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Louise Frank</i> C. Date of Delivery 15 SEP 2014</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below</p>
<p>1. Article Addressed to:</p> <p>FRANK, ERNEST PO BOX 5435 FARMINGTON, NM 87499</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7012 2920 0002 1086 4440</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	



99

7012 2920 0002 1086 4433

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

For delivery information visit **OFFICIAL** ENCANA/BLANCO WASH

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

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 16 2014
 USPS

Sent To: **FRANK, STEPHANIE E**
 1061 DIEGO RD
 SANTA ROSA, NM 88435

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FRANK, STEPHANIE E
1061 DIEGO RD
SANTA ROSA, NM 88435

2. Article Number
 (Transfer from service label)

7012 2920 0002 1086 4433

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

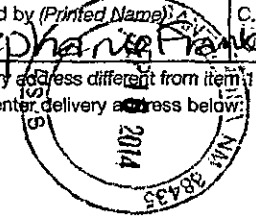
A. Signature X **[Signature]** Agent Addressee

B. Received by (Printed Name) **Stephanie Frank** C. Date of Delivery

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

3. Service type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



7012 2920 0002 1086 4426

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

For delivery information visit **OFFICIAL** ENCANA/BLANCO WASH

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

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 16 2014
 USPS

Sent To: **FRANK, SUSAN M**
 PO BOX 1551
 FARMINGTON, NM 87499

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FRANK, SUSAN M
PO BOX 1551
FARMINGTON, NM 87499

2. Article Number
 (Transfer from service label)

7012 2920 0002 1086 4426

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

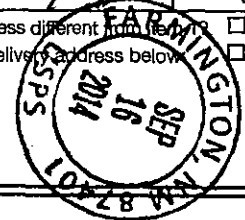
A. Signature X **[Signature]** Agent Addressee

B. Received by (Printed Name) **Susan Frank** C. Date of Delivery **16/14**

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

3. Service type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



100

7012 2920 0002 1086 4419

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Sent To
 Street, Apt. or PO Box
 City, State

FRANK, TRAVIS
BOX 1561
FARMINGTON, NM 87499

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FRANK, TRAVIS
BOX 1561
FARMINGTON, NM 87499

2. Article Number (Transfer from service label)

7012 2920 0002 1086 4419

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Travis Frank

B. Received by (Printed Name) Agent Addressee
Travis Frank

C. Date of Delivery
 18 2014

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7012 2920 0002 1086 4402

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Sent To
 Street, Apt. or PO Box
 City, State

FRANK, TRISHA
PO BOX 1561
FARMINGTON, NM 87499

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FRANK, TRISHA
PO BOX 1561
FARMINGTON, NM 87499

2. Article Number (Transfer from service label)

7012 2920 0002 1086 4402

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Trisha Frank

B. Received by (Printed Name) Agent Addressee
Trisha Frank

C. Date of Delivery
 18 2014

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

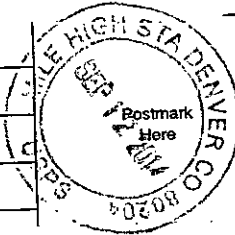
7012 2920 0002 1086 4396

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

For delivery information ENCANA/BLANCO WASH

OFFI

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



Sent To FREELAND, JANICE J
PO BOX 2323
GALLUP, NM 87305

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

FREELAND, JANICE J
PO BOX 2323
GALLUP, NM 87305

2. Article Number
(Transfer from service label)

7012 2920 0002 1086 4396

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x: *Janice Freeland* Agent
Address see

B. Received by (Printed Name) *Janice Freeland* C. Date of Delivery *9/15/14*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

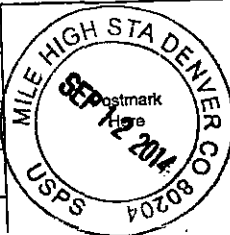
7012 2920 0002 1086 4389

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

For delivery information ENCANA/BLANCO WASH

OFFI

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



Sent To GARCIA, AMBROSE
PO BOX 2276
BLOOMFIELD, NM 87413

PS Form

ions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GARCIA, AMBROSE
PO BOX 2276
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

7012 2920 0002 1086 4389

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x: *Ambrose Garcia* Agent
Address see

B. Received by (Printed Name) *Ambrose Garcia* C. Date of Delivery *9/15/14*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

102

7012 2920 0002 1086 4372

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

For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

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

Postmark
 MILE HIGH STA DENVER CO 80204
 SEP 2 2014

Sent To **GARCIA, ARABELLE**
PO BOX 1054
BLOOMFIELD, NM 87413

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GARCIA, ARABELLE
PO BOX 1054
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7012 2920 0002 1086 4372**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X **Arabelle Garcia**

B. Received by (Printed Name) **Arabelle Garcia** C. Date of Delivery **9-7-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7012 2920 0002 1086 4365

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

For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

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

Postmark
 MILE HIGH STA DENVER CO 80204
 SEP 12 2014

Sent To **GARCIA, CALVERT**
#5 CR 5245
BLOOMFIELD, NM 87413

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions

7012 2920 0002 1086 4358

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

For delivery information visit **OFFICE** ENCANA/BLANCO WASH

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

Postmark Here
 MILE HIGH STA DENVER CO
 SEP 12 2014
 80204
 USPS

Sent To
 GARCIA, CHRISTINE C
 PO BOX 1284
 BLOOMFIELD, NM 87413

Street, Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 GARCIA, CHRISTINE C
 PO. BOX 1284
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7012 2920 0002 1086 4358

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Christine Garcia* Agent Addressee

B. Received by (Printed Name) *Christine Garcia* C. Date of Delivery *9-15-14*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

PS Form 3811, July 2013 Domestic Return Receipt

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

For delivery information visit **OFFICE** ENCANA/BLANCO WASH

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

Postmark Here
 MILE HIGH STA DENVER CO
 SEP 12 2014
 80204
 USPS

Sent To
 GARCIA, CLAUDIA
 PO BOX 1725
 BLOOMFIELD, NM 87413

Street, Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 GARCIA, CLAUDIA
 PO BOX 1725
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7012 2920 0002 1086 741

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Claudia Garcia* Agent Addressee

B. Received by (Printed Name) *Claudia Garcia* C. Date of Delivery *9-16-14*

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

PS Form 3811, July 2013 Domestic Return Receipt

7012 2920 0002 1086 4334

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

For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

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

Postmark Here

Sent To
 Street, Apt. or PO Box
 City, State, Zip

GARCIA, DARLENE
305 LUPINE LANE
FARMINGTON, NM 87401

PS Form 3800, August 2008 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GARCIA, DARLENE
305 LUPINE LANE
FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7012 2920 0002 1086 4334**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Darlene Garcia

B. Received by (Printed Name) Date of Delivery
Darlene Garcia **SEP 18 2014**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7012 2920 0002 1086 4327

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

For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

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

Postmark Here

Sent To
 Street, Apt. or PO Box
 City, State, Zip

GARCIA, ISABELLE L
PO BOX 3314
FARMINGTON, NM 87499

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GARCIA, ISABELLE L
PO BOX 3314
FARMINGTON, NM 87499

2. Article Number (Transfer from service label) **7012 2920 0002 1086 4327**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Isabelle Garcia

B. Received by (Printed Name) Date of Delivery
Isabelle Garcia **SEP 16 2014**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

105

7012 2920 0002 1086 4310

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

For delivery information visit **ENCANA/BLANCO WASH OFFIC**

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

Postmark Here **SEP 12 2014**
 MAIL HIGH STA DENVER CO 80204 USPS

Sent To: **GARCIA, JANINE L**
 2705 WHITE OAK DR
 PLANO, TX 75074

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GARCIA, JANINE L
2705 WHITE OAK DR
PLANO, TX 75074

2. Article Number (Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) **JANINE GARCIA** C. Date of Delivery **9/12/14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7012 2920 0002 1086 4310
 Domestic Return Receipt

7012 2920 0002 1086 4303

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

For delivery information visit **ENCANA/BLANCO WASH OFFIC**

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

Postmark Here **SEP 12 2014**
 MAIL HIGH STA DENVER CO 80204 USPS

Sent To: **GARCIA, WILBERT**
 PO BOX 1658
 KIRTLAND, NM 87417

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

GARCIA, WILBERT
PO BOX 1658
KIRTLAND, NM 87417

2. Article Number (Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7012 2920 0002 1086 4303
 Domestic Return Receipt

106

7012 2920 0002 1086 4297

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

For delivery information visit **OFFIC** ENCANA/BLANCO WASH

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

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 12 2014
 USPS

Sent To **GARCIA, ZELDA G**
 #7 CR 5245
 BLOOMFIELD, NM 87413

PS Form 3800, August 2006

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

For delivery information visit **OFFI** ENCANA/BLANCO WASH

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

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 12 2014
 USPS

Sent To **GARNANEZ, BRENDA**
 COUNTY ROAD 5364 #20
 FARMINGTON, NM 87401

PS Form 3800, August 2006

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
GARNANEZ, BRENDA
COUNTY ROAD 5364 #20
FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7012 2920 0002 1086 4280**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X **Brenda Garnanez** Agent Addressee

B. Received by (Printed Name) **Brenda Garnanez**

C. Date of Delivery **9/15/14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

107

7012 2920 0002 1086 4273

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

For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 13 2014
 USPS

Sent To **GEORGE, KENNETH K**
PO BOX 1216
DURANGO, CO 81302

Street, Apt. or PO Box
 City, State

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
GEORGE, KENNETH K
PO BOX 1216
DURANGO, CO 81302

2. Article Number
(Transfer from service label) **7012 2920 0002 1086 4273**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Ken George* Agent Addressee

B. Received by *(Printed Name)*
Ken George C. Date of Delivery

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* Yes

7012 2920 0002 1086 4266

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

For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

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

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 12 2014
 USPS

Sent To **GEORGE, LUCY M**
PO BOX 323
NAGEEZI, NM 87037

Street, Apt. or PO Box
 City, State

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
GEORGE, LUCY M
PO BOX 323
NAGEEZI, NM 87037

2. Article Number
(Transfer from service label) **7012 2920 0002 1086 4266**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Lucy M George* Agent Addressee

B. Received by *(Printed Name)*
Lucy M George C. Date of Delivery
9/17/14

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* Yes

108

7012 2920 0002 1086 4259

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

For delivery information visit **OFFICIAL** ENCANA/BLANCO WASH MHF

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

Total Postage & _____

Sent To: **GORDO, JAMES H**
(GORDO, HARRY)
BOX 574
CUBA, NM 87013

Street, Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
GORDO, JAMES H
(GORDO, HARRY)
BOX 574
CUBA, NM 87013

2. Article Number (Transfer from service label) **7012 2920 0002 1086 4259**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Green Vigil

B. Received by (Printed Name) **Green Vigil** C. Date of Delivery **9-18-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7012 2920 0002 1086 4259

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

For delivery information visit **OFFICIAL** ENCANA/BLANCO WASH MHF

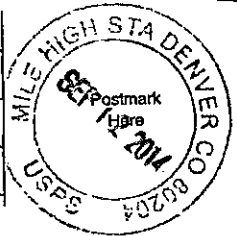
Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Total Postage _____

Sent To: **HARRIS, MARY J**
709 N BUENA VISTA AVE
FARMINGTON, NM 87401

Street, Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800, August 2006 See Reverse for Instructions



7012 2920 0002 1086 4235

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information: ENCANA/BLANCO WASH

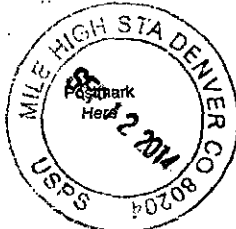
OFFI

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

Total Postage

Sent To: **HARRISON ESTATE,
LOUELLA
P O BOX 95
FRUITLAND, NM 87417**

PS Form 3800, August 2006



Letter returned

7012 2920 0002 1086 4228

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information vi ENCANA/BLANCO WASH

OFFI

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

Total Postage

Sent To: **HARRISON, HENDERSON H
1604 HARRISON LANE
BLOOMFIELD, NM 87413**

PS Form 3800, August 2006



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>X [Signature]</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Camern Harix</i></p> <p>C. Date of Delivery <i>9-23-14</i></p> <p>D. Is delivery address different from Item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
1. Article Addressed to:	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
7012 2920 0002 1086 4228	

7012 2920 0002 1086 4211

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

For delivery information visit **OFFFI** ENCANA/BLANCO WASH

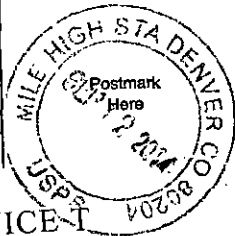
Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Total Postage

HARRISON, JANICE T
PO BOX 696
AZTEC, NM 87410

Sent To
 Street, Apt. No. or PO Box No.
 City, State, Z

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
HARRISON, JANICE T
PO BOX 696
AZTEC, NM 87410

2. Article Number (Transfer from service label)
 7012 2920 0002 1086 4211

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

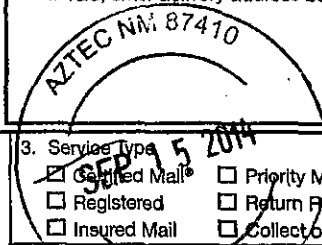
A. Signature Agent Addressee

B. Received by (Printed Name) **Anthony Benny** C. Date of Delivery

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



7012 2920 0002 1086 4204

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

For delivery information visit **OFFIC** ENCANA/BLANCO WASH

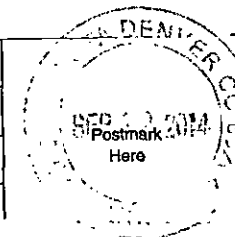
Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Total Postage &

HARRISON, JULIA
126 EAST MAIN ST
FARMINGTON, NM 87401

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP+4

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
HARRISON, JULIA
126 EAST MAIN ST
FARMINGTON, NM 87401

2. Article Number (Transfer from service label)
 7012 2920 0002 1086 4204

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

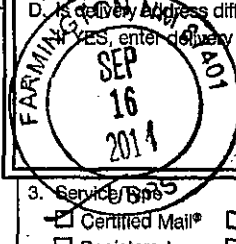
A. Signature Agent Addressee

B. Received by (Printed Name) **Julia Harrison** C. Date of Delivery **9/15**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



111

7012 2920 0002 1086 4198

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

For delivery information, visit **ENCANA/BLANCO WASH**
OFFIC

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

MILE HIGH STA DENVER CO 80204
 SEP 12 2014
 Postmark Here

Sent To: **HARRISON, LEONA**
 Street, Apt. No., or PO Box No. **1214 RANDOLPH AV**
 City, State, ZIP+4 **FARMINGTON, NM 87401**

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
HARRISON, LEONA
1214 RANDOLPH AV
FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7012 2920 0002 1086 4198**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery **9-15-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 5001

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only. MHF

For delivery information, visit **ENCANA/BLANCO WASH**
OFFIC

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

MILE HIGH STA DENVER CO 80204
 SEP 12 2014
 Postmark Here

Sent To: **HARRISON, LEROY**
 Street & Apt. No. or PO Box **1214 RANDOLPH RD**
 City, State **FARMINGTON, NM 87401**

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
HARRISON, LEROY
1214 RANDOLPH RD
FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7014 1820 0001 7496 5001**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*
 Agent
 Addressee

B. Received by (Printed Name)
 C. Date of Delivery **9-15-14**

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

112

7014 1820 0001 7496 4998

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information: **MHF**
ENCANA/BLANCO WASH

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

Sent To: **HARRISON, ROGER G**
 Street & PO Box: **5561 ALDER ST**
 City, State: **FARMINGTON, NM 87402**

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
HARRISON, ROGER G
5561 ALDER ST
FARMINGTON, NM 87402

2. Article Number
 (Transfer from service label) **7014 1820 0001 7496 4998**

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

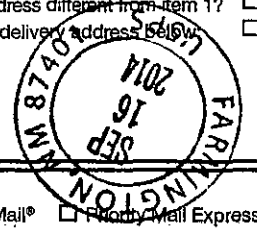
A. Signature: *X [Signature]* Agent Addressee

B. Received by (Printed Name): **Roger Harrison** C. Date of Delivery

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



7014 1820 0001 7496 4998

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information: **MHF**
ENCANA/BLANCO WASH

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

Sent To: **HARRISON, STEVE T**
 Street & Apt. N or PO Box No.: **1077 S LAKE ST**
 City, State, ZIP: **SALT LAKE CITY, UT 84105**

PS Form 3800, July 2014

7014 1820 0001 7496 4974

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: ENCANA/BLANCO WASH MHF

OFFICIAL

Postage: \$
 Certified Fee:
 Return Receipt Fee (Endorsement Required):
 Restricted Delivery Fee (Endorsement):

Total Postage: HARRISON, TED
 917 N LINCOLN AVE
 FARMINGTON, NM 87401

Sent To: HARRISON, TED
 917 N LINCOLN AVE
 FARMINGTON, NM 87401

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HARRISON, TED
 917 N LINCOLN AVE
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label): 7014 1820 0001 7496 4974

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Jasheena Lopez* Agent Addressee

B. Received by (Printed Name):
 C. Date of Delivery:

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4967

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: ENCANA/BLANCO WASH MHF

OFFICIAL

Postage:
 Certified Fee:
 Return Receipt Fee (Endorsement Required):
 Restricted Delivery Fee (Endorsement):

Total P: HARRISON, TOMMY
 235 2 S DUSTIN RD
 FARMINGTON, NM 87401

Sent To: HARRISON, TOMMY
 235 2 S DUSTIN RD
 FARMINGTON, NM 87401

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HARRISON, TOMMY
 235 2 S DUSTIN RD
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label): 7014 1820 0001 7496 4967

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Tommy Harrison* Agent Addressee

B. Received by (Printed Name):
 C. Date of Delivery: 9-16-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

114

7014 1820 0001 7496 4950

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MIHF
 For delivery information: ENCANA/BLANCO WASH

OFFI

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Postmark Here

Sent To
 HARRISON, VIRGINIA L
 115 N GODDARD AVE
 #29 F-2
 IGNACIO, CO 81137

Street & Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HARRISON, VIRGINIA L
 115 N GODDARD AVE
 #29 F-2
 IGNACIO, CO 81137

2. Article Number (Transfer from service label)
 7014 1820 0001 7496 4950

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Patricia Jackson Agent Addressee

B. Received by (Printed Name)
 C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 4943

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 For delivery information: ENCANA/BLANCO WASH

OFFI

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Postmark Here

Sent To
 HARRISON, WAYNE E
 PO BOX 192
 BLOOMFIELD, NM 87413

Street & Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800, July 2013 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HARRISON, WAYNE E
 PO BOX 192
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)
 7014 1820 0001 7496 4943

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Wayne Harrison Agent Addressee

B. Received by (Printed Name)
 C. Date of Delivery
 9-18-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

115

7014 1620 0001 7496 4936

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, **ENCANA/BLANCO WASH** MHF

OFFICIAL

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Postmark Here

Total Postage **HARRISON, WILLIAM**
BOX 1031
KIRTLAND, NM 87417

Sent To
 Street & Apt. or PO Box No.
 City, State, Z

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
HARRISON, WILLIAM
BOX 1031
KIRTLAND, NM 87417

2. Article Number (Transfer from service label) **7014 1620 0001 7496 4936**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **William Harrison** C. Date of Delivery **9/10/14**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1620 0001 7496 4929

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, **ENCANA/BLANCO WASH** MHF

OFFICIAL

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Postmark Here

Total Postage **HARRISON, WILLIE G**
6315 N SAINT NICHOLAS CIR,
UNIT 60
FLAGSTAFF, AZ 86004

Sent To
 Street & Apt. or PO Box
 City, State

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
HARRISON, WILLIE G
6315 N SAINT NICHOLAS CIR,
UNIT 60
FLAGSTAFF, AZ 86004

2. Article Number (Transfer from service label) **7014 1620 0001 7496 4929**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **WILLIE G HARRISON** C. Date of Delivery **9/10/14**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

114

7014 1820 0001 7496 4912

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **MHF ENCANA/BLANCO WASH**

OFFICIAL MAIL

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Postmark Here

Total Postage & Fees

Sent To
 Street & Apt. # or PO Box No.
 City, State, ZIP

HARRY, MARLENA
 PO BOX 4376
 GALLUP, NM 87305

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HARRY, MARLENA
 PO BOX 4376
 GALLUP, NM 87305

2. Article Number
 (Transfer from service label)

7014 1820 0001 7496 4912

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Michael Kee Agent Addressee

B. Received by (Printed Name)
 Michael Kee

C. Date of Delivery
 9-18-14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4905

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **MHF ENCANA/BLANCO WASH**

OFFICIAL MAIL

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Postmark Here

Total Postage & Fees

Sent To
 Street & Apt. # or PO Box No.
 City, State, ZIP

HASKIE, SHERALENE L
 PO BOX 822
 BLOOMFIELD, NM 87413

PS Form 3800 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HASKIE, SHERALENE L
 PO BOX 822
 BLOOMFIELD, NM 87413

2. Article Number
 (Transfer from service label)

7014 1820 0001 7496 4905

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Sheralene Haskie Agent Addressee

B. Received by (Printed Name)
 Sheralene Haskie

C. Date of Delivery
 9-22-14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

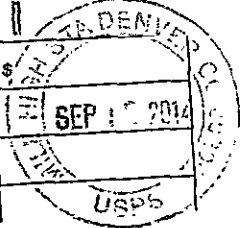
117

7014 1820 0001 7496 4899

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only MHF
For delivery information: ENCANA/BLANCO WASH

OFFICE



Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Total P HASKIE, SHERIDAN P
PO BOX 514
AZTEC, NM 87410

Sent To
Street & / or PO Box
City, State

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HASKIE, SHERIDAN P
PO BOX 514
AZTEC, NM 87410

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 4899

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [Signature] Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
AMES JACQUEZ 9/15/14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HASKIE, SHERMAN
PO BOX 822
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 4882

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X [Signature] Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
Sheridan Haskie 9-22-14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4882

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only MHF
For delivery information: ENCANA/BLANCO WASH

OFFICE



Postage
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)

Total Po HASKIE, SHERMAN
PO BOX 822
BLOOMFIELD, NM 87413

Sent To
Street & / or PO Box
City, State

PS Form 3800, July 2014 See Reverse for Instructions

118

7014 1820 0001 7496 4875

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **ENCANA/BLANCO WASH**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Posta _____

Sent To
 Street & Apt. / or PO Box No.
 City, State, ZIP

HELLER, BETTY
1009 CALLE MARGARITA
SANTA FE, NM 87501

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HELLER, BETTY
1009 CALLE MARGARITA
SANTA FE, NM 87501

2. Article Number (Transfer from service label) **7014 1820 0001 7496 4875**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Betty Heller* Agent Addressee

B. Received by (Printed Name) **Betty Heller** C. Date of Delivery **9/16/12**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express®
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4868

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **ENCANA/BLANCO WASH**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Posta _____

Sent To
 Street & Apt. / or PO Box No.
 City, State, ZIP

HENDERSON, JULIA T
4169A E, ROUTE 9 PMB 174
CUBA, NM 87013

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HENDERSON, JULIA T
4169A E, ROUTE 9 PMB 174
CUBA, NM 87013

2. Article Number (Transfer from service label) **7014 1820 0001 7496 4868**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *B. Buckman* Agent Addressee

B. Received by (Printed Name) **B. Buckman** C. Date of Delivery **9-15-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express®
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

119

7014 1820 0001 7496 4851

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **ENCANA/BLANCO WASH**

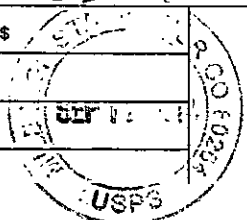
OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Total Postage **HENDERSON, LILLIE M**
PO BOX 1463
CUBA, NM 87013

Sent To _____
 Street & Apt. or PO Box No. _____
 City, State, Zi _____

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HENDERSON, LILLIE M
PO BOX 1463
CUBA, NM 87013

2. Article Number
 (Transfer from service label)

7014 1820 0001 7496 4851

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Ranelda Griffith* Agent Addressee

B. Received by (Printed Name) **Ranelda Griffith**
 C. Date of Delivery **9/18/14**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4844

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **ENCANA/BLANCO WASH**

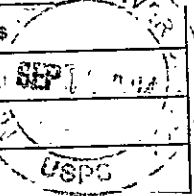
OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Total Po **HENRY, VIRGINIA M**
23 CR 5584
FARMINGTON, NM 87401

Sent To _____
 Street & or PO Bo. _____
 City, Stat _____

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HENRY, VIRGINIA M
23 CR 5584
FARMINGTON, NM 87401

2. Article Number
 (Transfer from service la

7014 1820 0001 7496 4844

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Henry* Agent Addressee

B. Received by (Printed Name) **Henry**
 C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

126

7014 1620 0001 7496 4837

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHP
 ENCANA/BLANCO WASH

OFFICE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Postmark Here

HERNANDEZ, LANETTE C
 4515 Arrowhead Ridge Drive SE
 APT 820
 RIO RANCHO, NM 87124

Sent To
 Street & Apt. or PO Box
 City, State, Z

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HERNANDEZ, LANETTE C
 4515 Arrowhead Ridge Drive SE
 APT 820
 RIO RANCHO, NM 87124

2. Article Number (Transfer from service label)

7014 1620 0001 7496 4837

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

Lanette C. Hernandez

3. Service Type
- Certified Mail® Priority Mail Express™
 - Registered Return Receipt for Merchandise
 - Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013

Domestic Return Receipt

7014 2120 0001 8425 8333

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHP
 ENCANA/BLANCO WASH

OFFICE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage

Postmark Here

HERRERA, EFFIE
 PO BOX 5593
 FARMINGTON, NM 87499

Sent To
 Street & Apt. or PO Box No.
 City, State, Z

PS Form 3800, July 2014 See Reverse for Instructions

7014 2120 0001 8425 8326

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **ENCANA/BLANCO WASH**

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Total Postage _____

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

HERRERA, JANIE
 2103 N TUCKER #1
 FARMINGTON, NM 87401

Postmark Here

PS Form 3800, July 2014 See Reverse for Instructions

7014 2120 0001 8425 8319

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **ENCANA/BLANCO WASH**

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Total Postage _____

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

HESUSE, CALVIN A
 PO BOX 401
 NAGEEZI, NM 87037

Postmark Here

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HESUSE, CALVIN A
 PO BOX 401
 NAGEEZI, NM 87037

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Carl A H*

B. Received by (Printed Name) C. Date of Delivery
Calvin A. Hesuse 9/17/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label)

7014 2120 0001 8425 8319

1a2

7014 2120 0001 8425 8302

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **OFF**

MHF
 ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Sent To: **HESUSE, KEEVIN M**
4604 HARMONY PL
ROHNERT PARK, CA 94928

Postmark Here: **MILE HIGH STA DENVER CO 80204 SEP 15 2014 USPS**

PS Form 3800, July 2014

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
HESUSE, KEEVIN M
4604 HARMONY PL
ROHNERT PARK, CA 94928

2. Article Number (Transfer from service label): **7014 2120 0001 8425 8302**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X [Signature]** Agent Addressee

B. Received by (Printed Name): **LUCINDA HESUSE**

C. Date of Delivery: **9-15-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8296

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **OFF**

MHF
 ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage &	

Sent To: **HESUSE, LUCINDA J**
PO BOX 3940
GALLUP, NM 87305

Postmark Here: **MILE HIGH STA DENVER CO 80204 SEP 15 2014 USPS**

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
HESUSE, LUCINDA J
PO BOX 3940
GALLUP, NM 87305

2. Article Number (Transfer from service label): **7014 2120 0001 8425 8296**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X [Signature]** Agent Addressee

B. Received by (Printed Name): **LUCINDA HESUSE**

C. Date of Delivery: **9-15-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

123

7014 2120 0001 8425 8289

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

MHF
ENCANA/BLANCO WASH

For delivery information, OFFI

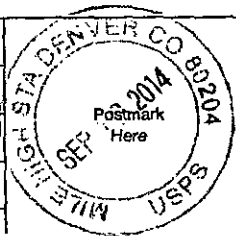
Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

Total Postage & _____



Sent To

Street & Apt. No., or PO Box No.

City, State, ZIP+4

HESUSE, MELVIN H
PO BOX 3195
CANONCITO, NM 87026

PS Form 3800, July 2014

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HESUSE, MELVIN H
PO BOX 3195
CANONCITO, NM 87026

2. Article Number (Transfer from service label)

7014 2120 0001 8425 8289

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *Melvin Hesus* Agent Addressee

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

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8272

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

MHF
ENCANA/BLANCO WASH

For delivery information, OFFI

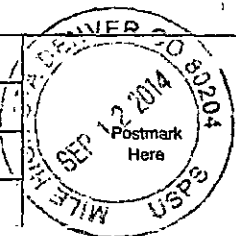
Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

Total Postage & _____



Sent To

Street & Apt. No., or PO Box No.

City, State, ZIP+4

HESUSE, NATHANIEL
609 1/2 E. WILSON AVE.
GALLUP, NM 87301

PS Form 3800, July 2014

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

HESUSE, NATHANIEL
609 1/2 E. WILSON AVE.
GALLUP, NM 87301

2. Article Number (Transfer from service label)

7014 2120 0001 8425 8272

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x *Nathaniel G. Hesus* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

Nathaniel Hesus

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

124

7014 2120 0001 8425 8265

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **ENCANA/BLANCO WASH**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Total Postage _____

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

HOGUE, SANDRA
 PO BOX 1662
 KIRTLAND, NM 87417

Postmark Here
 SEP 12 2014
 MILIE H ST. DENVER CO 80204
 USPS

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HOGUE, SANDRA
 PO BOX 1662
 KIRTLAND, NM 87417

2. Article Number (Transfer from service label)
 7014 2120 0001 8425 8265

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 2120 0001 8425 8256

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **ENCANA/BLANCO WASH**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Total Postage _____

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

HOSEASE, ANDREA
 PO BOX 1227
 FRUITLAND, NM 87416

Postmark Here
 SEP 12 2014
 MILIE H ST. DENVER CO 80204
 USPS

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 HOSEASE, ANDREA
 PO BOX 1227
 FRUITLAND, NM 87416

2. Article Number (Transfer from service label)
 7014 2120 0001 8425 8256

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

B. Received by (Printed Name) _____ C. Date of Delivery _____
 Wanda Agui 9.18.14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

121

7014 2120 0001 8425 8241

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, call 1-800-375-8749

MHF
 ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
 Street & or PO Box
 City, State

HUBBARD, GENEVIEVE A
 PO BOX 81123
 ALBUQUERQUE, NM 87198

PS Form 3811, See Reverse for Instructions

7014 2120 0001 8425 8890

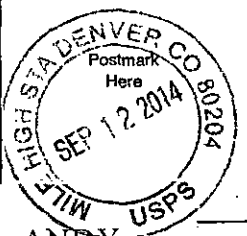
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, call 1-800-375-8749

MHF
 ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
 Street & or PO Box
 City, State

IGNACIO ESTATE, ANDY
 2011 TROY KING ROAD 12
 FARMINGTON, NM 87401

PS Form 3811, See Reverse for Instructions

7014 2120 0001 8425 8883

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 ENCANA/BLANCO WASH

For delivery information, visit **OFFIC**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

MILE HIGH STA DENVER CO 80204
 SEP 12 2014
 Postmark Here

Sent to
 IGNACIO, AMANDA R
 908 HOLLYWOOD ST A
 FARMINGTON, NM 87401

PS Instructions

7014 2120 0001 8425 8920

U.S. Postal Service™
CERTIFIED MAIL®
 Domestic Mail Only

MHF
 ENCANA/BLANCO WASH

For delivery information, visit our website at www.usps.com®

OFFICIAL USE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

MILE HIGH STA DENVER CO 80204
 SEP 12 2014
 Postmark Here

Sent To
 IGNACIO, BERTHA M
 BOX 2262
 BLOOMFIELD, NM 87413

PS Form Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Bertha Ignacio</i></p> <p>B. Received by (Printed Name) <i>BERTHA IGNACIO</i></p> <p>C. Date of Delivery <i>9/16/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>1. Article Addressed to:</p> <p>IGNACIO, BERTHA M BOX:2262 BLOOMFIELD, NM 87413</p>		<p>3. Service Type</p> <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		<p>7014 2120 0001 8425 8920</p>	
<p>PS Form 3811, July 2013</p>		<p>Domestic Return Receipt</p>	

127

7014 2120 0001 8425 8937

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **MHF**
ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here **SEP 12 2014**
 MILE HIGH STA DENVER CO 80204

Sent To **IGNACIO, BESSIE**
 Street & or PO Box **PO BOX 2124**
 City, State **FARMINGTON, NM 87499**

PS Form _____

7014 2120 0001 8425 8944

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **MHF**
ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here **SEP 12 2014**
 MILE HIGH STA DENVER CO 80204

Sent To **IGNACIO, COLLEEN T**
 Street & or PO Box **PO BOX 1068**
 City, State **KAYENTA, AZ 86033**

PS Form _____

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Leigh A. Kaye</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> <i>Leigh A. Kaye</i></p> <p>C. Date of Delivery <input type="checkbox"/> <i>9-24-14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>	
<p>1. Article Addressed to:</p> <p>IGNACIO, COLLEEN T PO BOX 1068 KAYENTA, AZ 86033</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
		7014 2120 0001 8425 8944	

129

7014 2120 0001 8425 8951

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

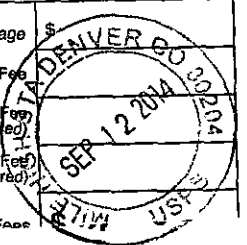
For delivery information, visit **OFFICIAL MAIL SERVICE** **ENCANA/BLANCO WASH** MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees _____

Postmark Here

Sent to: **IGNACIO, DARVIN D**
 Street or PO Box: **PO BOX 173**
 City: **BLOOMFIELD, NM 87413**

PS Form 3811, July 2013



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
IGNACIO, DARVIN D
PO BOX 173
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label): **7014 2120 0001 8425 8951**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): **Darvin D. Ignacio** C. Date of Delivery: _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8968

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

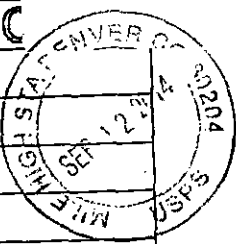
For delivery information, visit **OFFICIAL MAIL SERVICE** **ENCANA/BLANCO WASH** MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Postmark Here

To: **IGNACIO, DAVIS**
 Street or PO Box: **PO BOX 829**
 City: **KIRTLAND, NM 87417**

PS Form 3811, July 2013



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
IGNACIO, DAVIS
PO BOX 829
KIRTLAND, NM 87417

2. Article Number (Transfer from service label): **7014 2120 0001 8425 8968**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): **MARIA IGNACIO** C. Date of Delivery: _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

129

7014 2120 0001 8425 9040

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MIHF
 For delivery information, visit [www.usps.com](#) ENCANA/BLANCO WASH

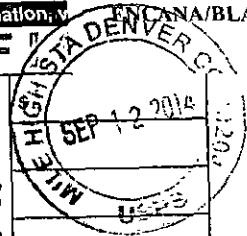
OFFICE

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required) \$
 Restricted Delivery Fee (Endorsement Required) \$

Postmark Here

IGNACIO, DELPHINE L
 1028 Chelwood Park Blvd NE
 ALBUQUERQUE, NM 87112

PS Form 3811, July 2013 See reverse for instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

IGNACIO, DELPHINE L
 1028 Chelwood Park Blvd NE
 ALBUQUERQUE, NM 87112

2. Article Number
 (Transfer from service label) 7014 2120 0001 8425 9040

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery 9/10/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 9033

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MIHF
 For delivery information, visit [www.usps.com](#) ENCANA/BLANCO WASH

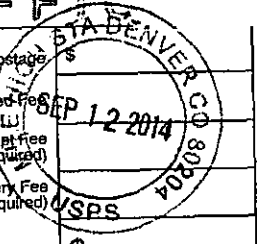
OFFICE

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required) \$
 Restricted Delivery Fee (Endorsement Required) \$

Postmark Here

IGNACIO, ELLIS
 PO BOX 646
 BLOOMFIELD, NM 87413

PS Form 3811, July 2013 See reverse for instructions



letter returned

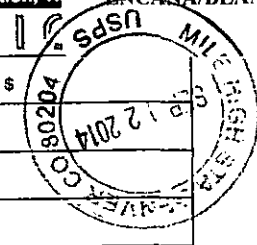
**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit www.usps.com or call 1-800-ASK-USA. **MHF ENCANA/BLANCO WASH**

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees _____

Postmark Here



Sent to: **IGNACIO, ELMER D**
 Street or PO: **PO BOX 253**
 City, State: **BLOOMFIELD, NM 87413**

PS Form 3811, July 2013 Instructions

7014 2120 0001 8425 9026

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**IGNACIO, ELMER D
 PO BOX 253
 BLOOMFIELD, NM 87413**

2. Article Number
 (Transfer from service label)

7014 2120 0001 8425 9026

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Elmer Ignacio* Agent Addressee

B. Received by (Printed Name) **Elmer Ignacio**
 C. Date of Delivery **9/17/14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

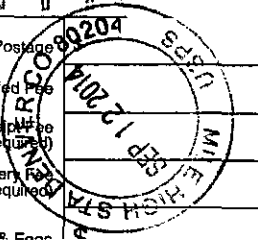
**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit www.usps.com or call 1-800-ASK-USA. **MHF ENCANA/BLANCO WASH**

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees _____

Postmark Here



Sent to: **IGNACIO, FRANCES A**
 Street or PO: **908 HOLLYWOOD ST APT A**
 City, State: **FARMINGTON, NM 87401**

PS Form 3811, July 2013 Instructions

7014 2120 0001 8425 9019

7014 2120 0001 8425 9002

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit [usps.com](#) MHF
 ENCANA/BLANCO WASH

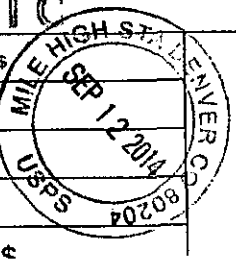
OFFICE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent **IGNACIO, HARRISON**
 Street or PO **PO BOX 733**
 City **KAYENTA, AZ 86033**

PS Form 3811, July 2013 Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
IGNACIO, HARRISON
PO BOX 733
KAYENTA, AZ 86033

2. Article Number (Transfer from service label) **7014 2120 0001 8425 9002**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

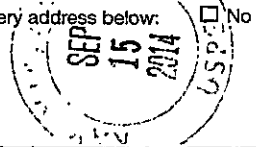
A. Signature Agent Addressee
Harrison Ignacio

B. Received by (Printed Name) **Harrison Ignacio** C. Date of Delivery **SEP 15 2014**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



7014 2120 0001 8425 8999

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit [usps.com](#) MHF
 ENCANA/BLANCO WASH

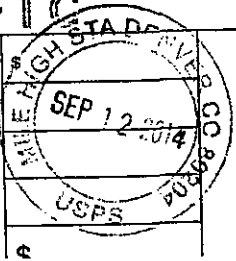
OFFICE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent **IGNACIO, JOANNE**
 Street or PO **PO BOX 487**
 City **CROWNPOINT, NM 87313**

PS Form 3811, July 2013 Instructions



Letter Returned

7014 2120 0001 8425 8975

U.S. Postal Service™
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 Domestic Mail Only

For delivery information, visit our website at www.usps.com®
 MHF
 ENCANA/BLANCO WASH

OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent to: IGNACIO, JOHNNY R
 Street or PO: 10800 COMANCHE RD NE
 City: #0223
 State: ALBUQUERQUE, NM 87111

Instructions

7014 2120 0001 8425 8982

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit our website at www.usps.com®
OFFICIAL USE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent to: IGNACIO, KENNETH R
 Street or PO: PO BOX 2262
 City: BLOOMFIELD, NM 87413

Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) BERTHA IGNACIO</p> <p>C. Date of Delivery 9/16/14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>IGNACIO, KENNETH R PO BOX 2262 BLOOMFIELD, NM 87413</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7014 2120 0001 8425 8982</p>	

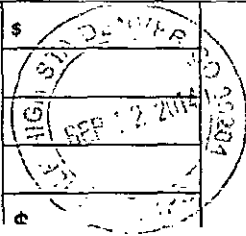
133

7014 2120 0001 8425 7862

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only
MHF
For delivery information, visit **ENCANA/BLANCO WASH**

OFFICE

Postage	\$			Postmark Here
Certified Fee				
Return Receipt Fee (Endorsement Required)				
Restricted Delivery Fee (Endorsement Required)				
Total				

Sent to **IGNACIO, KYLE R**

Street or PO **908 HOLLYWOOD ST A**

City, S **FARMINGTON, NM 87401**

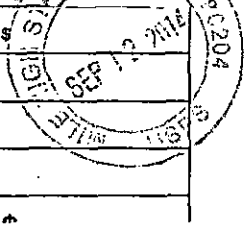
PS Form Instructions

7014 2120 0001 8425 7879

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only
MHF
For delivery information, visit **ENCANA/BLANCO WASH**

OFFICE

Postage	\$			Postmark Here
Certified Fee				
Return Receipt Fee (Endorsement Required)				
Restricted Delivery Fee (Endorsement Required)				
Total				

Sent to **IGNACIO, LIONEL**

Street or PO **908 HOLLYWOOD ST A**

City, S **FARMINGTON, NM 87401**

PS Form Instructions

7014 2120 0001 8425 7886

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICE** ENCANA/BLANCO WASH

Postage: \$
 Certified Fee: \$
 Return Receipt Fee (Endorsement Required): \$
 Restricted Delivery Fee (Endorsement Required): \$
 Total Postage & Fees: \$

Postmark Here

To: IGNACIO, LUCIA
 PO BOX 363
 BLOOMFIELD, NM 87413

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 IGNACIO, LUCIA
 PO BOX 363
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label): 7014 2120 0001 8425 7886

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Lucia Ignacio* Agent Addressee

B. Received by (Printed Name): Lucia Ignacio C. Date of Delivery: 9-17-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 7893

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICE** ENCANA/BLANCO WASH

Postage: \$
 Certified Fee: \$
 Return Receipt Fee (Endorsement Required): \$
 Restricted Delivery Fee (Endorsement Required): \$

Postmark Here

To: IGNACIO, MARY
 PO BOX 2574
 BLOOMFIELD, NM 87413

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 IGNACIO, MARY
 PO BOX 2574
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label): 7014 2120 0001 8425 7893

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Bertha Ignacio* Agent Addressee

B. Received by (Printed Name): BERTHA IGNACIO C. Date of Delivery: 9-16-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

135

8044 554T 1000 0692 ETDL

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHP

For delivery information: ENCANA/BLANCO WASH

OFFI

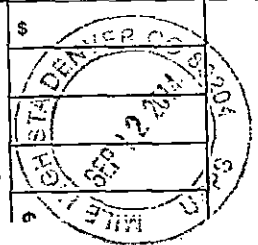
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here

Ser. _____
 Str. or P. _____
 City _____

IGNACIO, MONICA R
 36 COUNTY RD 3935
 FARMINGTON, NM 87401

PS Form 3811, July 2013 See reverse for instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

IGNACIO, MONICA R
 36 COUNTY RD 3935
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label): 7013 2630 0001 1455 4408

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *Monica Ignacio* Agent Addressee

B. Received by (Printed Name): *Monica Ignacio*

C. Date of Delivery: *SEP 18 2014*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type: Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

5144 554T 1000 0692 ETDL

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHP

For delivery information: ENCANA/BLANCO WASH

OFF

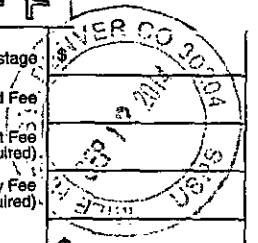
Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Postmark Here

Ser. _____
 Str. or P. _____
 City _____

IGNACIO, ROBERT A
 PO BOX 1696
 KAYENTA, AZ 86033

PS Form 3811, July 2013 See reverse for instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

IGNACIO, ROBERT A
 PO BOX 1696
 KAYENTA, AZ 86033

2. Article Number (Transfer from service label): 7013 2630 0001 1455 4415

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *Robert Ignacio* Agent Addressee

B. Received by (Printed Name): *Robert Ignacio*

C. Date of Delivery: *SEP 18 2014*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type: Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

136

7013 2630 0001 1455 4422

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information ENCANA/BLANCO WASH

OFFICIAL

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent _____

Street or P.O. City: IGNACIO, RODNEY S
 36 COUNTY ROAD 3935
 FARMINGTON, NM 87401

PS Form 3811, July 2013 Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

IGNACIO, RODNEY S
 36 COUNTY ROAD 3935
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7013 2630 0001 1455 4422**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Rodney Ignacio

B. Received by (Printed Name) C. Date of Delivery
 Rodney Ignacio

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 2630 0001 1455 4439

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information ENCANA/BLANCO WASH

OFFICIAL

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent _____

Street or P.O. City: IGNACIO, ROGER
 BOX 1643
 FARMINGTON, NM 87499

PS Form 3811, July 2013 Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

IGNACIO, ROGER
 BOX 1643
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label) **7013 2630 0001 1455 4439**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Roger Ignacio

B. Received by (Printed Name) C. Date of Delivery
 Roger Ignacio 9-19-14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

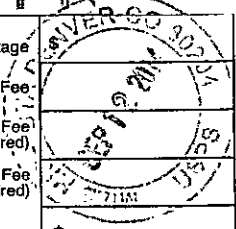
137

7014 2120 0001 8425 9378

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information: MHF ENCANA/BLANCO WASH

OFFICE

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

IGNACIO, STEVEN
 PO BOX 1492
 CHURCH ROCK, NM 87311

or instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

IGNACIO, STEVEN
 PO BOX 1492
 CHURCH ROCK, NM 87311

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Steven Ignacio

B. Received by (Printed Name) Agent Addressee
Steven Ignacio

C. Date of Delivery
10/15/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

7014 2120 0001 8425 9378

PS Form 3811, July 2013

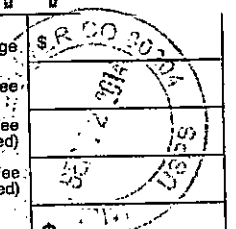
Domestic Return Receipt

7014 2120 0001 8425 9361

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information: MHF ENCANA/BLANCO WASH

OFFICE

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

IGNACIO, SUSIE
 1509 MISTY GLEN TRL #916
 ARLINGTON, TX 76011

or instructions

7014 2120 0001 8425 9354

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **ENCANA/BLANCO WASH**

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Postmark Here **JUL 12 2013**
 DENVER CO 80202
 USPS

IGNACIO, VANIA R
 PO BOX 1068
 KAYENTA, AZ 86033

PS Form 3811, July 2013 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

IGNACIO, VANIA R
 PO BOX 1068
 KAYENTA, AZ 86033

2. Article Number (Transfer from service label) **7014 2120 0001 8425 9354**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Leigh A. Royce

B. Received by (Printed Name) Agent Addressee
Leigh A. Royce

C. Date of Delivery
7-24-13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 9347

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **ENCANA/BLANCO WASH**

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here **JUL 12 2013**
 DENVER CO 80202
 USPS

IRVIN, RAY
 27705 HWY 184
 DOLORES, CO 81323

PS Form 3811, July 2013 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

IRVIN, RAY
 27705 HWY 184
 DOLORES, CO 81323

2. Article Number (Transfer from service label) **7014 2120 0001 8425 9347**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Irvin Ray

B. Received by (Printed Name) Agent Addressee
Irvin Ray

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

139

7014 2120 0001 8425 9330

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Postmark Here

Sent To: **JACKSON, CALVINA**
 Street or PO: **14353E 1ST DRIVE UNIT 303**
 City, St: **AURORA, CO 80011**

PS Form 3811, July 2013

7014 2120 0001 8425 9323

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees

Postmark Here

Sent To: **JACQUEZ, JUANITA P**
 Street or PO: **BOX 514**
 City, St: **AZTEC, NM 87410**

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) JAMES JACQUEZ C. Date of Delivery 9/15/14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>1. Article Addressed to:</p> <p>JACQUEZ, JUANITA P BOX 514 AZTEC, NM 87410</p>	
<p>2. Article Number (Transfer from service label)</p>	<p>7014 2120 0001 8425 9323</p>

140

7014 2120 0001 8425 9316

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **ENCANA/BLANCO WASH**

OFFICE 204

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent **JANSSEN, EDRIC D**

Street or PO **COUNTY RD 3950**

City **NUMBER 50**

FARMINGTON, NM 07401

PS Form 3800, November 2003. Reverse for instructions.

7014 2120 0001 8425 9309

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **ENCANA/BLANCO WASH**

OFFICE 204

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent **JANSSEN, FAITH E**

Street or PO **POST OFFICE BOX 3893**

City **FARMINGTON, NM 87499**

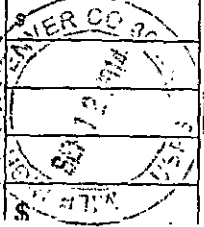
PS Form 3800, November 2003. Reverse for instructions.

141

7014 2120 0001 8425 9293

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit **OFFIC**
MHF ENCANA/BLANCO WASH

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Sent: **JANSSEN, HILDA**
 Street or PO: **PO BOX 334**
 City: **KIRTLAND, NM 87417**
 PS Form Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
**JANSSEN, HILDA
 PO BOX 334
 KIRTLAND, NM 87417**

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Hilda Janssen
 B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

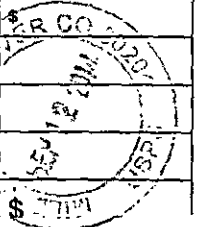
4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 9293

7014 2120 0001 8425 9088

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit **OFFIC**
MHF ENCANA/BLANCO WASH

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Sent: **JANSSEN, KELLY B**
 Street or PO: **126 E Main St.**
 City: **FARMINGTON, NM 87401**
 PS Form Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
**JANSSEN, KELLY B
 126 E Main St.
 FARMINGTON, NM 87401**

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Kelly B Janssen
 B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 9088

147

7014 2120 0001 8425 9071

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **usps.com** MHF
 ENCANA/BLANCO WASH OFFICE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent 1
 Street or PO BOX 514
 City, State AZTEC, NM 87410

PS Form 3811, July 2013 Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 JAQUEZ, JUANITA P
 BOX 514
 AZTEC, NM 87410

2. Article Number (Transfer from service label) 7014 2120 0001 8425 9071

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) **JAMES JACQUEZ** C. Date of Delivery **9/15/14**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 2120 0001 8425 9064

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **usps.com** MHF
 ENCANA/BLANCO WASH OFFICE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent 1
 Street or PO 126 E MAIN STREET
 City, State FARMINGTON, NM 87401

PS Form 3811, July 2013 Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 JAQUEZ, TOMMY
 126 E MAIN STREET
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label) 7014 2120 0001 8425 9064

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery **SEP 15 2014**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

143

7014 2120 0001 8425 9057

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **usps.com** MHF
 ENCANA/BLANCO WASH

OFFICE

Postage: \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Se
 Jim, ALICE
 St
 PO BOX 1946
 or
 City
 BLOOMFIELD, NM 87413

PS Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JIM, ALICE
 PO BOX 1946
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7014 2120 0001 8425 9057

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X SAM SANDOVAL

B. Received by (Printed Name) Jim Sandoval C. Date of Delivery 9-17-14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 9125

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **usps.com** MHF
 ENCANA/BLANCO WASH

OFFICE

Postage: \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Se
 Jim, BRUCE
 St
 PO BOX 1174
 or
 City
 FARMINGTON, NM 87499

PS Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JIM, BRUCE
 PO BOX 1174
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label) 7014 2120 0001 8425 9125

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Shirley Jim

B. Received by (Printed Name) Shirley Jim C. Date of Delivery 9-17-14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

MM

7014 2120 0001 8425 9118

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **USPS.com** or call 1-800-ASK-USA

MHF
 ENCANA/BLANCO WASH

OFFICE

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

JIM, CALVIN
 PO BOX 6487
 FARMINGTON, NM 87499

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JIM, CALVIN
 PO BOX 6487
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Calvin Jim

B. Received by (Printed Name) *Calvin Jim* C. Date of Delivery *9-17-14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 9118

7014 2120 0001 8425 9101

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **USPS.com** or call 1-800-ASK-USA

MHF
 ENCANA/BLANCO WASH

OFFICE

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

JIM, CARL
 1700 JUNIPER LN
 BLOOMFIELD, NM 87413

Instructions

Letter returned

7014 2120 0001 8425 9095

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **mhf**
ENCANA/BLANCO WASH

OFFICE

Postage \$
 Certified Fee:
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Postmark Here

To: **JIM, CHERYL A**
3330 BURSON LANE
FARMINGTON, NM 87402

PS Form 3811, July 2013 See reverse for instructions.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
JIM, CHERYL A
3330 BURSON LANE
FARMINGTON, NM 87402

2. Article Number (Transfer from service label)
7014 2120 0001 8425 9095

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Cheryl Jim* Agent Addressee

B. Received by (Printed Name)
Cheryl Jim

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

FARMINGTON NM 87401
SEP 16 4PM

7014 2120 0001 8425 9163

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **mhf**
ENCANA/BLANCO WASH

OFFICE

Postage \$
 Certified Fee:
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Postmark Here

To: **JIM, DAMIEN R**
11728 Wildhorse Trail SE
ALBUQUERQUE, NM 87123

PS Form 3811, July 2013 See reverse for instructions.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
JIM, DAMIEN R
11728 Wildhorse Trail SE
ALBUQUERQUE, NM 87123

2. Article Number (Transfer from service label)
7014 2120 0001 8425 9163

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Damien R* Agent Addressee

B. Received by (Printed Name)
Damien R

C. Date of Delivery
07-15

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

146

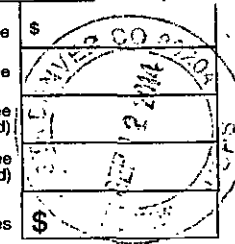
7014 2120 0001 8425 9156

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

MIIF
 ENCANA/BLANCO WASH

OFFICE

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

1. Article Addressed to:

JIM, GEORGE
 4609 SPRING MIST DR
 FARMINGTON, NM 87401

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JIM, GEORGE
 4609 SPRING MIST DR
 FARMINGTON, NM 87401

2. Article Number
 (Transfer from service label) **7014 2120 0001 8425 9156**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *George Jim* Agent Addressee

B. Received by (Printed Name) *George Jim*

C. Date of Delivery *9/18/14*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No
404 W 24th Farmington NM 87401

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

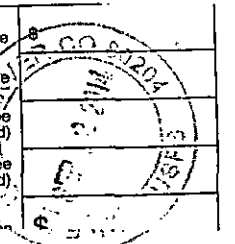
7014 2120 0001 8425 9149

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

MIIF
 ENCANA/BLANCO WASH

OFFICE

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

1. Article Addressed to:

JIM, LORA A
 908 MESA VIEJO ST SW
 ALBUQUERQUE, NM 87121

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JIM, LORA A
 908 MESA VIEJO ST SW
 ALBUQUERQUE, NM 87121

2. Article Number
 (Transfer from service label) **7014 2120 0001 8425 9149**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Lora Jim* Agent Addressee

B. Received by (Printed Name) *Lora Jim*

C. Date of Delivery *9/16/14*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

149

7034 2120 0001 8425 9132

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit

MHF
ENCANA/BLANCO WASH

OFFICE

Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)

Total

JIM, LORETTA
801 LOCUST PL NE

Sent To

Street
or PO

City, S

APT 1248
ALBUQUERQUE, NM 87102

Postmark
Here

PS Form 3800, July 2014

See Reverse for Instructions

7034 2120 0001 8425 9224

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit

MHF
ENCANA/BLANCO WASH

OFFICE

Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

JIM, MARIE
1655 TRAMVIEW LANE NE
RIO RANCHO, NM 87124

Sent To

Street
or PO

City,

Postmark
Here

PS Form

Instructions

148

7014 2120 0001 8425 9217

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 DENVER CO
 SEP 1 2014

JIM, MIKE
 PO BOX 2166
 BLOOMFIELD, NM 87413

or Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JIM, MIKE
 PO BOX 2166
 BLOOMFIELD, NM 87413

2. Article Number
 (Transfer from service label) 7014 2120 0001 8425 9217

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *Shantle Nephew* C. Date of Delivery *9-15-14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 2120 0001 8425 9200

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 DENVER CO
 SEP 1 2014

JIM, RAYMOND
 PO BOX 1204
 BLOOMFIELD, NM 87413

or Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JIM, RAYMOND
 PO BOX 1204
 BLOOMFIELD, NM 87413

2. Article Number
 (Transfer from service label) 7014 2120 0001 8425 9200

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *RAYMOND Jim* C. Date of Delivery *9-16-14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

149

7014 2120 0001 8425 9194

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **MHF**
 ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark: SEP 12 2014 DENVER CO USPS 80202

Sent: **JIM, ROBERT**
 Street or P.O. #: **936 10TH AVE NE**
 City: **RIO RANCHO, NM 87124**

PS Form 3811, July 2013 Instructions

7014 2120 0001 8425 9187

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **MHF**
 ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark: SEP 12 2014 DENVER CO USPS 80202

Sent: **JIM, SHIRLEY M**
 Street or P.O. #: **PO BOX 1174**
 City: **FARMINGTON, NM 87499**

PS Form 3811, July 2013 Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Also complete Item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Shirley M Jim</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>Shirley M Jim</i></p> <p>Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If Yes, enter delivery address below:</p> <p>1. Article Addressed to:</p> <p>JIM, SHIRLEY M PO BOX 1174 FARMINGTON, NM 87499</p> <p>2. Article Number (Transfer from service label)</p>
	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
	<p>7014 2120 0001 8425 9187</p>

150

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF
 ENCANA/BLANCO WASH

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here
 SEP 12 2014
 DENVER, CO

JIM, TRINNIE
 PO BOX 181
 BLOOMFIELD, NM 87413

PS Form 3811, July 2013

7014 2120 0001 8425 9170

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 JIM, TRINNIE
 PO BOX 181
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)
 7014 2120 0001 8425 9170

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Trinnie Jim Agent Addressee

B. Received by (Printed Name)
 Trinnie Jim

C. Date of Delivery
 9-16-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF
 ENCANA/BLANCO WASH

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here
 SEP 12 2014
 DENVER, CO

JIM-PINE, MARY
 PO BOX 2426
 BLOOMFIELD, NM 87413

PS Form 3811, July 2013

7014 2120 0001 8425 9286

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 JIM-PINE, MARY
 PO BOX 2426
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)
 7014 2120 0001 8425 9286

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Mary Jim Pine Agent Addressee

B. Received by (Printed Name)
 Mary Jim Pine

C. Date of Delivery
 9-15-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

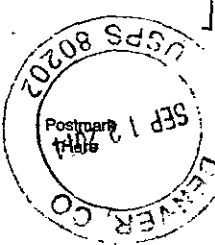
4. Restricted Delivery? (Extra Fee) Yes

151

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC** **ENCANA/BLANCO WASH** MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here


Sent To: **JOHNSON II, DONALD R**
 Street & or PO Box: **PO BOX 2412**
 City, State: **KIRTLAND, NM 87417-2412**

PS Form 3811, July 2013

9279 8425 2120 0001 2120 0272 7014

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
JOHNSON II, DONALD R
PO BOX 2412
KIRTLAND, NM 87417-2412

2. Article Number (Transfer from service label) **7014 2120 0001 8425 9279**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X-1 Donald Bitah

B. Received by (Printed Name) Agent Addressee
Donald Bitah

C. Date of Delivery **SEP 15 2014**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

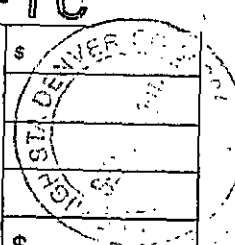
3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC** **ENCANA/BLANCO WASH** MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here


Sent To: **JOHNSON, AUNDRIANA R**
 Street or PO: **2504 EAST 23RD STREET**
 City, State: **FARMINGTON, NM 87401**

PS Form 3811, July 2013

9262 8425 2120 0001 2120 0272 7014

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
JOHNSON, AUNDRIANA R
2504 EAST 23RD STREET
FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7014 2120 0001 8425 9262**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X-1 Johnson

B. Received by (Printed Name) Agent Addressee
Aundriana R Johnson

C. Date of Delivery **SEP 15 2014**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit **MIIF**
ENCANA/BLANCO WASH

OFFICE

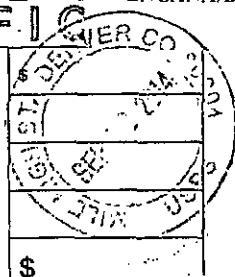
Postage

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees \$



Postmark
Here

JOHNSON, BRENDA
PO BOX 2044
KIRTLAND, NM 87417

for instructions

7014 2120 0001 8425 9255

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHNSON, BRENDA
PO BOX 2044
KIRTLAND, NM 87417

2. Article Number
(Transfer from service label)

7014 2120 0001 8425 9255

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Brenda Johnson

Agent
 Addressee

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

- Certified Mail® Priority Mail Express™
- Registered Return Receipt for Merchandise
- Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

Domestic Mail Only

For delivery information, visit **MIIF**
ENCANA/BLANCO WASH

OFFICE

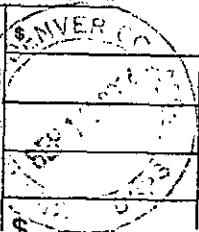
Postage

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees



Postmark
Here

JOHNSON, CHRISHANA N
2504 EAST 23RD STREET
FARMINGTON, NM 87401

for instructions

7014 2120 0001 8425 9248

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHNSON, CHRISHANA N
2504 EAST 23RD STREET
FARMINGTON, NM 87401

2. Article Number
(Transfer from service label)

7014 2120 0001 8425 9248

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X Johnson
Brenda Johnson

Agent
 Addressee

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

- Certified Mail® Priority Mail Express™
- Registered Return Receipt for Merchandise
- Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 9231

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com or call 1-800-ASK-USPS

MHF
 ENCANA/BLANCO WASH

OFFICIAL

Postage: \$1.50
 Certified Fee: \$2.75
 Return Receipt Fee (Endorsement Required): \$0.00
 Restricted Delivery Fee (Endorsement Required): \$0.00
 Total Postage & Fees: \$4.25

Postmark Here

Sent To: JOHNSON, DANA C
 Street or PO Box: PO BOX 2412
 City, State, ZIP+4: KIRTLAND, NM 87417

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 JOHNSON, DANA C
 PO. BOX 2412
 KIRTLAND, NM 87417

2. Article Number (Transfer from service label): 7014 2120 0001 8425 9231

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Donald Bitah* Agent Addressee

B. Received by (Printed Name): Donald Bitah

C. Date of Delivery: SEP 15 2014

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4790

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com or call 1-800-ASK-USPS

MHF
 ENCANA/BLANCO WASH

OFFICIAL

Postage: \$1.50
 Certified Fee: \$2.75
 Return Receipt Fee (Endorsement Required): \$0.00
 Restricted Delivery Fee (Endorsement Required): \$0.00
 Total Postage & Fees: \$4.25

Postmark Here

Sent To: JOHNSON, DAVID
 Street or PO Box: 305 E APACHE #3
 City, State, ZIP+4: FARMINGTON, NM 87401

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 JOHNSON, DAVID
 305 E APACHE #3
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label): 7014 1820 0001 7496 4790

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *David Johnson* Agent Addressee

B. Received by (Printed Name): David Johnson

C. Date of Delivery: 9-16-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

154

7014 1820 0001 7496 4820

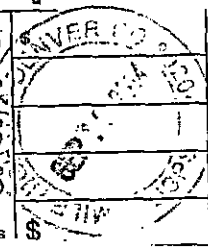
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, OFFI

MHF
ENCANA/BLANCO WASH

Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Postage & Fees \$



Postmark
Here

JOHNSON, DEBORAH R
2504 EAST 23RD
FARMINGTON, NM 87401

for instructions.

SENDER

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHNSON, DEBORAH R
2504 EAST 23RD
FARMINGTON, NM 87401

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 4820

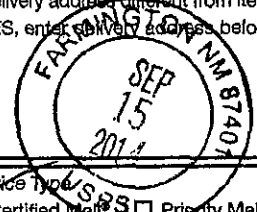
A. Signature
Deborah Johnson
 Agent
 Addressee

B. Received by (Printed Name)
Deborah Johnson
C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail®
 Registered
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811, July 2013

Domestic Return Receipt

7014 1820 0001 7496 4813

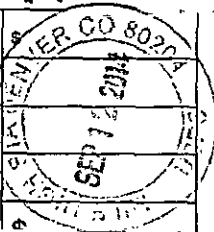
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, OFFI

MHF
ENCANA/BLANCO WASH

Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)



Postmark
Here

JOHNSON, DONALD R
PO BOX 2412
KIRTLAND, NM 87417-2412

for instructions.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHNSON, DONALD R
PO BOX 2412
KIRTLAND, NM 87417-2412

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 4813

COMPLETE THIS SECTION ON DELIVERY

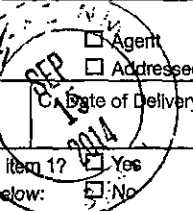
A. Signature
Donald Bitan
 Agent
 Addressee

B. Received by (Printed Name)
Donald Bitan
C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail®
 Registered
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811, July 2013

Domestic Return Receipt

151

7014 1820 0001 7496 4806

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **MHF** ENCANA/BLANCO WASH

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required) \$
 Restricted Delivery Fee (Endorsement Required) \$
 Total Postage & Fees \$

Postmark Here

JOHNSON, EVANGELINE R
 15365 FIRETOWER RD
 CONROE, TX 77306

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 JOHNSON, EVANGELINE R
 15365 FIRETOWER RD
 CONROE, TX 77306

2. Article Number (Transfer from service label) 7014 1820 0001 7496 4806

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X [Signature]* Agent Addressee

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
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 4783

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **MHF** ENCANA/BLANCO WASH

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required) \$
 Restricted Delivery Fee (Endorsement Required) \$
 Total \$

Postmark Here

JOHNSON, MARK
 1216 WEST AZTEC
 BOULEVARD
 AZTEC, NM 87410

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 JOHNSON, MARK
 1216 WEST AZTEC
 BOULEVARD
 AZTEC, NM 87410

2. Article Number (Transfer from service label) 7014 1820 0001 7496 4783

COMPLETE THIS SECTION ON DELIVERY

A. Signature *X Nancy Allen* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 NANCY ALLEN 9-15-14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

157

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **ENCANA/BLANCO WASH** MHF

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Postmark Here

St
 or
 Ci

JOHNSON, PHIL
 C/O FRANK F JOHNSON
 15 ROAD 6115
 KIRTLAND, NM 87417

PS Form 3800, July 2013 See Reverse for Instructions

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **ENCANA/BLANCO WASH** MHF

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Postmark Here

JOHNSON, RONDA J
 PO BOX 2412
 KIRTLAND, NM 87417

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHNSON, PHIL
 C/O FRANK F JOHNSON
 15 ROAD 6115
 KIRTLAND, NM 87417

2. Article Number (Transfer from service label) 7014 1820 0001 7496 4776

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Frank Johnson

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOHNSON, RONDA J
 PO BOX 2412
 KIRTLAND, NM 87417

2. Article Number (Transfer from service label) 7014 1820 0001 7496 4769

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Donald Bita

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4776

7014 1820 0001 7496 4769

15

7014 1820 0001 7496 4752

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only MHF
 For delivery information: ENCANA/BLANCO WASH

OFFICE

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Postmark Here

JONES, MARVETTA A
 PO BOX 338
 PINEHILL, NM 87357

PS Form 3811, July 2013 Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JONES, MARVETTA A
 PO BOX 338
 PINEHILL, NM 87357

2. Article Number (Transfer from service label) 7014 1820 0001 7496 4752

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Marvetta Jones*

B. Received by (Printed Name) *Marvetta Jones* C. Date of Delivery *9-17-2014*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4745

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only MHF
 For delivery information: ENCANA/BLANCO WASH

OFFICE

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)

Postmark Here

JOSE, CLARIBELLE
 PO BOX 1392
 BLOOMFIELD, NM 87413

PS Form 3811, July 2013 Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JOSE, CLARIBELLE
 PO BOX 1392
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7014 1820 0001 7496 4745

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Clarabelle Jose*

B. Received by (Printed Name) *Clarabelle Jose* C. Date of Delivery *SEP 16 2014*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4738

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information visit **OFFIC** **MHF**
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 SEP 12 2014

JOSE, LORETTA L
 PO BOX 811
 BLOOMFIELD, NM 87413

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 JOSE, LORETTA L
 PO BOX 811
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7014 1820 0001 7496 4738**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Addressee Agent
Loretta Jose

B. Received by (Printed Name) *Loretta Jose* C. Date of Delivery *9-18-14*

D. Is delivery address different from item 1? No Yes
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 4721

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information visit **OFFIC** **MHF**
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 SEP 12 2014

JOSE, STELLA
 HCR 17 BOX 415
 CUBA, NM 87013

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 JOSE, STELLA
 HCR 17 BOX 415
 CUBA, NM 87013

2. Article Number (Transfer from service label) **7014 1820 0001 7496 4721**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Addressee Agent
Stella Jose

B. Received by (Printed Name) *Stella Jose* C. Date of Delivery *9/18/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

15

7014 1820 0001 7496 4714

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **ENCANA/BLANCO WASH** MHF

OFFICE

Postage: _____
 Certified Fee: _____
 Return Receipt Fee (Endorsement Required): _____
 Restricted Delivery Fee (Endorsement Required): _____
 Total Postage & Fees: \$ _____

Postmark Here

SEP 12 2014
 SHIPROCK, NM 87420

St
 Kellywood, Helena L
 PO BOX 3380
 SHIPROCK, NM 87420

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

KELLYWOOD, HELENA L
 PO BOX 3380
 SHIPROCK, NM 87420

2. Article Number (Transfer from service label)

7014 1820 0001 7496 4714

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Helena Kellywood* Agent
 Addressee

B. Received by (Printed Name) *Helena Kellywood* Date of Delivery *10/18/14*

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4707

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **ENCANA/BLANCO WASH** MHF

OFFICE

Postage: _____
 Certified Fee: _____
 Return Receipt Fee (Endorsement Required): _____
 Restricted Delivery Fee (Endorsement Required): _____
 Total Postage & Fees: \$ _____

Postmark Here

SEP 12 2014
 SHIPROCK, NM 87420

St
 Kellywood, Rose A
 PO BOX 2141
 KIRTLAND, NM 87417

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

KELLYWOOD, ROSE A
 PO BOX 2141
 KIRTLAND, NM 87417

2. Article Number (Transfer from service label)

7014 1820 0001 7496 4707

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Rose Kellywood* Agent
 Addressee

B. Received by (Printed Name) *Rose Kellywood* Date of Delivery *10/18/14*

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

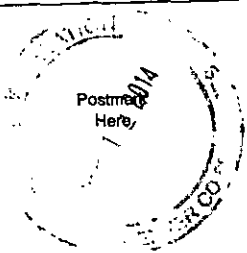
162

7014 1820 0001 7496 4684

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF
 ENCANA/BLANCO WASH

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

KING, MARLINA M
 PO BOX 4376
 GALLUP, NM 87305

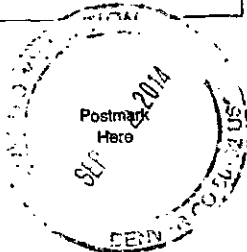
PS Form 3800, July 2014 See Reverse for Instructions

7014 1820 0001 7496 4684

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF
 ENCANA/BLANCO WASH

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Total

Sent to: KINLICHEENIE, DARVA V
 2011 TROY KING RD #444
 FARMINGTON, NM 87401

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p>D. Is this address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>KINLICHEENIE, DARVA V 2011 TROY KING RD #444 FARMINGTON, NM 87401</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7014 1820 0001 7496 4684</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 4677

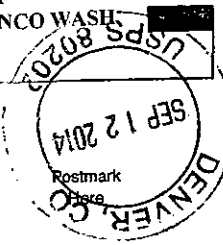
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH.** **MHF**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

To: **KINLICHEENIE, JUDITH A**
2614 EAST 20TH APT F-6
FARMINGTON, NM 87401

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
KINLICHEENIE, JUDITH A
2614 EAST 20TH APT F-6
FARMINGTON, NM 87401

2. Article Number (Transfer from service label)
7014 1820 0001 7496 4677

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Judith A. Kinlicheenie

B. Received by (Printed Name) Agent Addressee
Judith A. Kinlicheenie

C. Date of Delivery Yes No
9-16-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

FARMINGTON, NM 87401
 SEP 16 2014

7014 1820 0001 7496 4660

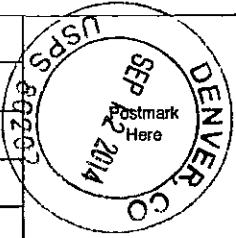
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH.** **MHF**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

To: **KINLICHEENIE, KRIS K**
370 ATRISCO DR SW APT 8
ALBUQUERQUE, NM 87105

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
KINLICHEENIE, KRIS K
370 ATRISCO DR SW APT 8
ALBUQUERQUE, NM 87105

2. Article Number (Transfer from service label)
7014 1820 0001 7496 4660

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Kris Kinlicheenie

B. Received by (Printed Name) Agent Addressee
Kris Kinlicheenie

C. Date of Delivery Yes No
9/23/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

167

7014 3620 0001 7496 4653

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 For delivery information, visit **ENCANA/BLANCO WASH**

OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 SEP 2 2014
 DENVER, CO

LARGO ESTATE, JERRY SR
 PO BOX 285
 NAGEEZI, NM 87037

PS Form 3800, July 2014 for instructions

7014 3620 0001 7496 4646

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 For delivery information, visit **ENCANA/BLANCO WASH**

OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

To

Postmark Here
 SEP 2 2014
 DENVER, CO

Sen
 LARGO ESTATE, JONES
 COUNSELOR TRADING POST
 COUNSELOR, NM 87018

PS Form 3800, July 2014 for instructions

letter returned

7014 1820 0001 7496 4634

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only MHF

For delivery information: ENCANA/BLANCO WASH

OFFI

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

1. Article Addressed to:

LARGO ESTATE, NELLIE
 P O BOX 141
 CUBA, NM 87013

2. Article Number (Transfer from service label)

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LARGO ESTATE, NELLIE
 P O BOX 141
 CUBA, NM 87013

2. Article Number (Transfer from service label) 7014 1820 0001 7496 4634

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Marisa Woody*

B. Received by (Printed Name) Agent Addressee
 Marisa Woody

C. Date of Delivery 9-18-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 4622

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only MHF

For delivery information: ENCANA/BLANCO WASH

OFFI

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

1. Article Addressed to:

LARGO SR, TEDDY R
 PO BOX 904
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LARGO SR, TEDDY R
 PO BOX 904
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7014 1820 0001 7496 4622

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Teddy Largo*

B. Received by (Printed Name) Agent Addressee
 E Valargo

C. Date of Delivery 9-15-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 4615

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MIIF
 For delivery information, visit **ENCANA/BLANCO WASH**

OFFI

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark Here

1

Sent **LARGO, CURTIS**
 PO BOX 92
 CUBA, NM 87013

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LARGO, CURTIS
PO BOX 92
CUBA, NM 87013

2. Article Number
 (Transfer from service label)

3. Service Type

Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Curtis Lugo Agent Addressee

B. Received by (Printed Name)
Curtis Lugo

C. Date of Delivery
9-16-14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

7014 1820 0001 7496 4615

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 4608

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MIIF
 For delivery information, visit **ENCANA/BLANCO WASH**

OFFIC

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

Postmark Here

Tot:

Sent **LARGO, DENNISON F**
 PO BOX 92
 CUBA, NM 87013

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LARGO, DENNISON F
PO BOX 92
CUBA, NM 87013

2. Article Number
 (Transfer from service label)

3. Service Type

Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Curtis Lugo Agent Addressee

B. Received by (Printed Name)
Curtis Lugo

C. Date of Delivery
9-16-14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

7014 1820 0001 7496 4608

PS Form 3811, July 2013 Domestic Return Receipt

165

7014 1820 0001 7496 4592

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **OFF**

MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total _____

Postmark Here
 SEP 16 2014

Sent to: **LARGO, ERNEST**
 Street or PO: **PO BOX 92**
 City: **CUBA, NM 87013**

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LARGO, ERNEST
PO BOX 92
CUBA, NM 87013

2. Article Number (Transfer from service label)

7014 1820 0001 7496 4592

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Ernest Largo Agent Addressee

B. Received by (Printed Name) **Ernest Largo**
 C. Date of Delivery **9-16-14**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4585

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **OFF**

MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total _____

Postmark Here
 SEP 16 2014

Sent to: **LARGO, ESTHER A**
 Street or PO: **PO BOX 4203**
 City: **YAH TA HEY, NM 87375**

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LARGO, ESTHER A
PO BOX 4203
YAH TA HEY, NM 87375

2. Article Number (Transfer from service label)

7014 1820 0001 7496 4585

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Esther Largo Agent Addressee

B. Received by (Printed Name) **Esther Largo**
 C. Date of Delivery **SEP 16 2014**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4578

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only MHP
 For delivery information, visit www.usps.com ENCANA/BLANCO WASH

OFF

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	\$

Postmark Here SEP 12 2014

Sent to: LARGO, FREDDIE
 PO BOX 2626
 RUIDOSO DOWNS, NM 88346

PS Form 3811, July 2013 Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 LARGO, FREDDIE
 PO BOX 2626
 RUIDOSO DOWNS, NM 88346

2. Article Number (Transfer from service label) 7014 1820 0001 7496 4578

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Freddie Largo* Agent Addressee

B. Received by (Printed Name) *FREDDIE LARGO* C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4561

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only MHP
 For delivery information, visit www.usps.com ENCANA/BLANCO WASH

OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	\$

Postmark Here SEP 12 2014

Sent to: LARGO, HAROLD
 PO BOX 83
 RUIDOSO DOWNS, NM 88346

PS Form 3811, July 2013 Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 LARGO, HAROLD
 PO BOX 83
 RUIDOSO DOWNS, NM 88346

2. Article Number (Transfer from service label) 7014 1820 0001 7496 4561

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Harold Largo* Agent Addressee

B. Received by (Printed Name) *Harold Largo* C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

161

7014 1820 0001 7496 4554

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **OFF**

MIIP ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 SEP 12 2014

Sent to:
 LARGO, JIMMIE
 PO BOX 212
 CROWNPOINT, NM 87313

PS Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 LARGO, JIMMIE
 PO BOX 212
 CROWNPOINT, NM 87313

2. Article Number (Transfer from service label) 7014 1820 0001 7496 4554

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Jimmie Largo*

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4547

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **OFF**

MIIP ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Tot: _____

Postmark Here
 SEP 12 2014

Sent to:
 LARGO, JOANNE
 PO BOX 6484
 FARMINGTON, NM 87499

PS See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 LARGO, JOANNE
 PO BOX 6484
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label) 7014 1820 0001 7496 4547

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

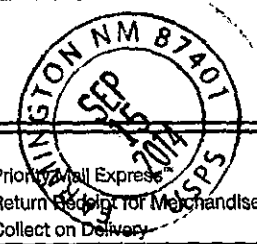
A. Signature Agent Addressee
 X *Joanne Largo*

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



7014 1820 0001 7496 4530

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **ENCANA/BLANCO WASH**

OFFICE

Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

Postmark Here
 SEP 18 2014

1. Article Addressed to:

LARGO, PAULINE T
PO BOX 141
CUBA, NM 87013

2. Article Number (Transfer from service label) **7014 1820 0001 7496 4530**

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LARGO, PAULINE T
PO BOX 141
CUBA, NM 87013

2. Article Number (Transfer from service label) **7014 1820 0001 7496 4530**

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Marina Wood*

B. Received by (Printed Name) **Marissa Wood**

C. Date of Delivery **9-18-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4523

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **ENCANA/BLANCO WASH**

OFFICE

Postage \$ _____

Certified Fee _____

Return Receipt Fee (Endorsement Required) _____

Restricted Delivery Fee (Endorsement Required) _____

Total Postage & Fees \$ _____

Postmark Here
 SEP 18 2014

1. Article Addressed to:

LARGO, SHEILA
1318 SAN PEDRO DRIVE SE,
APT. A
ALBUQUERQUE, NM 87108

2. Article Number (Transfer from service label) **7014 1820 0001 7496 4523**

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LARGO, SHEILA
1318 SAN PEDRO DRIVE SE,
APT. A
ALBUQUERQUE, NM 87108

2. Article Number (Transfer from service label) **7014 1820 0001 7496 4523**

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Sheila Largo*

B. Received by (Printed Name) **Sheila Largo**

C. Date of Delivery **9/18/14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

HIGHLAND AVENUE STATION
 SEP 18 2014
 ALBUQUERQUE, NM 87108

164

7014 1820 0001 7496 4516

U.S. Postal ServiceSM
CERTIFIED MAIL[®] RECEIPT
 Domestic Mail Only

For delivery information: ENCANA/BLANCO WASH MHF

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Postmark Here

LARGO, TOMMIE
 PO BOX 130
 NAGEEZI, NM 87037

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LARGO, TOMMIE
PO BOX 130
NAGEEZI, NM 87037

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No

3. Service Type

- Certified Mail[®] Priority Mail ExpressSM
- Registered Return Receipt for Merchandise
- Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4516

7014 1820 0001 7496 4509

U.S. Postal ServiceSM
CERTIFIED MAIL[®] RECEIPT
 Domestic Mail Only

For delivery information: ENCANA/BLANCO WASH MHF

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Postmark Here

LARVINGO, EDDIE
 PO BOX 811
 BLOOMFIELD, NM 87413

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LARVINGO, EDDIE
PO BOX 811
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No

3. Service Type

- Certified Mail[®] Priority Mail ExpressSM
- Registered Return Receipt for Merchandise
- Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4509

171

7014 1820 0001 7496 4493

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** **MHF**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark Here

Sent **LARVINGO, LETTA J**
 Street or P.O. **PO BOX 1914**
 City **BLOOMFIELD, NM 87413**

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
LARVINGO, LETTA J
PO BOX 1914
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7014 1820 0001 7496 4493**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Letta J Larvingo

B. Received by (Printed Name) **Letta J Larvingo** C. Date of Delivery **9/16/14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4486

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** **MHF**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark Here

Sent **LARVINGO, NELLIE F**
 Street or P.O. **PO BOX 811**
 City **BLOOMFIELD, NM 87413**

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
LARVINGO, NELLIE F
PO BOX 811
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7014 1820 0001 7496 4486**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Nellie F Larvingo

B. Received by (Printed Name) **Nellie F Larvingo** C. Date of Delivery **9-18-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4479

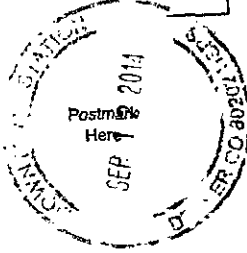
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF
ENCANA/BLANCO WASH

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		



LARVINGO, RAYMOND
PO BOX 2026
BLOOMFIELD, NM 87413

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LARVINGO, RAYMOND
PO BOX 2026
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 4479

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Wesley White* Agent Addressee

B. Received by (Printed Name) *Wesley White* C. Date of Delivery *9/16/14*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4462

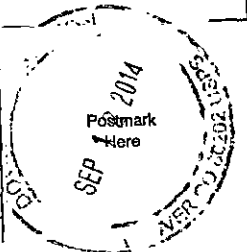
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF
ENCANA/BLANCO WASH

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		



LARVINGO, ROBERTA
1900 E 86TH ST APT 224
BLOOMINGTON, MN 55425

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LARVINGO, ROBERTA
1900 E 86TH ST APT 224
BLOOMINGTON, MN 55425

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 4462

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Roberta Larving* Agent Addressee

B. Received by (Printed Name) *Roberta Larving* C. Date of Delivery *9-18-14*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

177

7014 1820 0001 7496 4455

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICE** **MHF**
ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Postmark Here

To: **LARVINGO, ROSETTA M**
1900 E 86TH ST APT 224
BLOOMINGTON, MN 55425

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
LARVINGO, ROSETTA M
1900 E 86TH ST APT 224
BLOOMINGTON, MN 55425

2. Article Number (Transfer from service label) **7014 1820 0001 7496 4455**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Addressee
 X *[Signature]* Agent

B. Received by (Printed Name) **ROBERTA LARVINGO**
 C. Date of Delivery **9-18-14**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4448

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICE** **MHF**
ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Postmark Here

To: **LARVINGO, ROY**
PO BOX 1241
BLOOMFIELD, NM 87413

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
LARVINGO, ROY
PO BOX 1241
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7014 1820 0001 7496 4448**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Addressee
 X *[Signature]* Agent

B. Received by (Printed Name) **ROY LARVINGO**
 C. Date of Delivery **9-16-14**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

121

7014 1820 0001 7496 4431

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

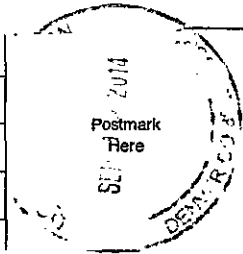
Domestic Mail Only

For delivery information

MHF
ENCANA/BLANCO WASH

OFFI

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	



Se
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PS

LARVINGO, SHEILA A
PO BOX 664
SAN JACINTO, CA 92581

Instructions

RETURN

7014 1820 0001 7496 4424

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

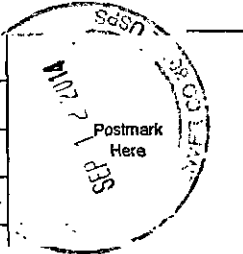
Domestic Mail Only

For delivery information

MHF
ENCANA/BLANCO WASH

OFFI

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



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PS

LEE, PRISCILLA
HCR 63 BOX 347
WINSLOW, AZ 86047

PS Form 3800, July 2014 See Reverse for Instructions

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS PRINTED ON THE MAILPIECE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Priscilla Lee</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <u>9/25/14</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>LEE, PRISCILLA HCR 63 BOX 347 WINSLOW, AZ 86047</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

7014 1820 0001 7496 4424

174

7014 1820 0001 7496 4417

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

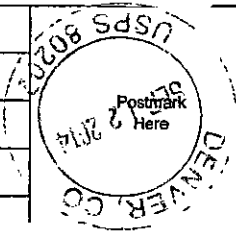
Domestic Mail Only

For delivery information

MHF
ENCANA/BLANCO WASH

OFFI

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	



LEWIS, JONATHAN P
PO BOX 111
SAN YSIDRO, NM 87053

See Reverse for Instructions

7014 1820 0001 7496 4400

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

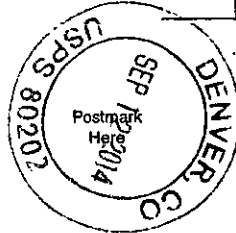
Domestic Mail Only

For delivery information

MHF
ENCANA/BLANCO WASH

OFFI

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		



LEWIS, LEONA M
1214 RANDOLPH AV
FARMINGTON, NM 87401

PS Form 3811, July 2013

Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LEWIS, LEONA M
1214 RANDOLPH AV
FARMINGTON, NM 87401

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

Signature: *[Handwritten Signature]*

Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 9-15-14

D. Is delivery address different from Item 1? Yes
If YES, enter delivery address below: No

3. Service Type

Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4400

PS Form 3811, July 2013

Domestic Return Receipt

175

7014 1820 0001 7496 4394

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

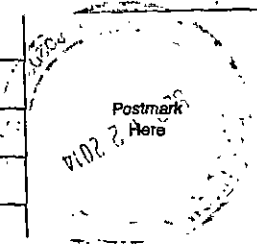
Domestic Mail Only

For delivery information, visit usps.com

MHF ENCANA/BLANCO WASH

OFFICIAL

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)



LEWIS, ROSIE A
PO BOX 565
SHIPROCK, NM 87420

PS Form 3800, July 2014

For Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LEWIS, ROSIE A
PO BOX 565
SHIPROCK, NM 87420

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 4394

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Rosie A Lewis* Agent Addressee

B. Received by (Printed Name)
Rosie A Lewis

C. Date of Delivery
9-16-14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4387

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

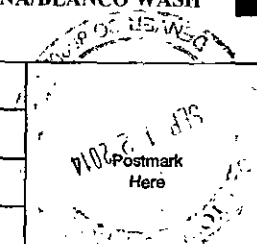
Domestic Mail Only

For delivery information, visit usps.com

MHF ENCANA/BLANCO WASH

OFFICIAL

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)



LOPEZ JR, DICK
BOX 1014
CUBA, NM 87013

PS Form 3800, July 2014

For Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ JR, DICK
BOX 1014
CUBA, NM 87013

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 4387

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Lena Lopez* Agent Addressee

B. Received by (Printed Name)
Lena Lopez

C. Date of Delivery
9/15/14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

174

7014 1820 0001 7496 4370

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **OFFIC** MHF ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 JUL 21 2013

LOPEZ, ALICE M
 PO BOX 1014
 CUBA, NM 87013-1014

PS Form 3811, July 2013 See reverse for instructions.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 LOPEZ, ALICE M
 PO BOX 1014
 CUBA, NM 87013-1014

2. Article Number (Transfer from service label) **7014 1820 0001 7496 4370**

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Lena Lopez* Agent Addressee

B. Received by (Printed Name) *Lena Lopez* C. Date of Delivery *9/15/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 4363

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **OFFIC** MHF ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 JUL 21 2013

LOPEZ, ALVIN
 16452 W BUCHANAN ST
 GOODYEAR, AZ 85338-2564

PS Form 3811, July 2013 See reverse for instructions.

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 LOPEZ, ALVIN
 16452 W BUCHANAN ST
 GOODYEAR, AZ 85338-2564

2. Article Number (Transfer from service label) **7014 1820 0001 7496 4363**

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Alvin Lopez* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery *9/15/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

177

7014 1820 0001 7496 4356

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

MHF
ENCANA/BLANCO WASH

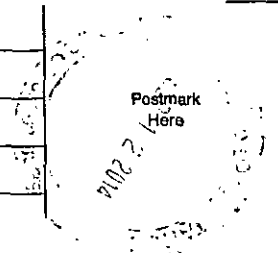
OFFICIAL

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)

Tot

Send
LOPEZ, BEN B
PO BOX 307
NAGEEZI, NM 87037

PS Form 3800, July 2014



RETURN

7014 1820 0001 7496 4344

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

MHF
ENCANA/BLANCO WASH

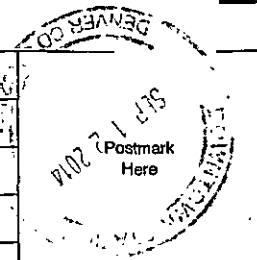
OFFICIAL

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees

Send
LOPEZ, BESSIE
PO BOX 791
CUBA, NM 87013

PS Form 3811, July 2013



SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, BESSIE
PO BOX 791
CUBA, NM 87013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Rita Lopez Addressee
 B. Received by (Printed Name) Date of Delivery
Rita Lopez *9-16-14*
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 4344

PS Form 3811, July 2013

Domestic Return Receipt

178

7014 1820 0001 7496 4332

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MIIF
 ENCANA/BLANCO WASH

For delivery information, visit **OFFICIAL**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here

LOPEZ, BRENDA
 PO BOX 7206
 NAZLINI, AZ 86540

PS Form 3800, July 2014 See Reverse for Instructions

7014 1820 0001 7496 4325

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MIIF
 ENCANA/BLANCO WASH


For delivery information, visit **OFFICIAL**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Tot	

Postmark Here

LOPEZ, CARMELITA
 4045 S BUFFALO DR, STE A
 LAS VEGAS, NV 89147

PS Form 3800, July 2014 See Reverse for Instructions

Letter returned


7014 1820 0001 7496 4318

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **OFFFI**

MHF
 ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

Sen
 LOPEZ, CHER L
 PO BOX 1191
 IGNACIO, CO 81137

PS Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, CHER L
 PO BOX 1191
 IGNACIO, CO 81137

2. Article Number
 (Transfer from service label)

7014 1820 0001 7496 4318

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Christine Leato

B. Received by (Printed Name) *Christine Leato* C. Date of Delivery *9/27/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013

Domestic Return Receipt

7014 1820 0001 7496 4301

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **OFFFI**

MHF
 ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

LOPEZ, CHRIS
 1212 S MONTEREY SP 27
 FARMINGTON, NM 87401

PS Instructions

7014 1820 0001 7496 4295

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only MHF
 For delivery information, visit www.usps.com ENCANA/BLANCO WASH

OFFICIAL

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Postmark Here

Se
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 or Pl
 Ci
 PS

LOPEZ, CODY
 PO BOX 2866
 KIRTLAND, NM 87417

Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, CODY
 PO BOX 2866
 KIRTLAND, NM 87417

2. Article Number (Transfer from service label)

7014 1820 0001 7496 4295

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X *[Signature]*

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 4288

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only MHF
 For delivery information, visit www.usps.com ENCANA/BLANCO WASH

OFFICIAL

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Tot		

Postmark Here

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 PS

LOPEZ, CORRINE
 1212 S MONTEREY SP 427
 FARMINGTON, NM 87401

See Reverse for Instructions

7014 1820 0001 7496 4271

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 ENCANA/BLANCO WASH

For delivery information, visit **OFFIC**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 SEP 1 2 2013

Sen: LOPEZ, CURTIS
 Str or P: PO BOX 127
 Cit: CUBA, NM 87013

PS Form 3811, July 2013 Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 LOPEZ, CURTIS
 PO BOX 127
 CUBA, NM 87013

2. Article Number (Transfer from service label): 7014 1820 0001 7496 4271

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Curt Lopez* Agent Addressee

B. Received by (Printed Name): *Curt Lopez* C. Date of Delivery: 9-15-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4264

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 ENCANA/BLANCO WASH

For delivery information, visit **OFFI**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Tot	

Postmark Here
 SEP 1 2 2013

Sen: LOPEZ, DANIEL
 Str or P: PO BOX 6051
 City: FARMINGTON, NM 87499

PS Form 3811, July 2013 Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 LOPEZ, DANIEL
 PO BOX 6051
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label): 7014 1820 0001 7496 4264

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Daniel Lopez* Agent Addressee

B. Received by (Printed Name): *Daniel Lopez* C. Date of Delivery: 9-15-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

187

7014 1820 0001 7496 4257

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **OFF**

MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Postmark Here

S
 LOPEZ, DANIEL D
 BOX 1014
 CUBA, NM 87013

PS Form 3811, July 2013 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 LOPEZ, DANIEL D
 BOX 1014
 CUBA, NM 87013

2. Article Number (Transfer from service label) **7014 1820 0001 7496 4257**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Lena Lopez* Agent Addressee

B. Received by (Printed Name) *Lena Lopez* C. Date of Delivery *9/15/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 4240

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **OFF I**

MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Postmark Here

Sent
 LOPEZ, EDDIE
 P.O. BOX 1097
 CUBA, NM 87013

PS Form 3811, July 2013 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 LOPEZ, EDDIE
 P.O. BOX 1097
 CUBA, NM 87013

2. Article Number (Transfer from service label) **7014 1820 0001 7496 4240**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Eddie Lopez* Agent Addressee

B. Received by (Printed Name) *Eddie Lopez* C. Date of Delivery *9/16/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

181

7014 1820 0001 7496 4233

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 ENCANA/BLANCO WASH

For delivery information, visit **OFFI**

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 SEP 2 2014

LOPEZ, FARON C
 6317 OUTLOOK DR
 CITRUS HEIGHTS, CA 95621

PS Form 3800, July 2014 for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, FARON C
 6317 OUTLOOK DR
 CITRUS HEIGHTS, CA 95621

2. Article Number (Transfer from service label) **7014 1820 0001 7496 4233**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **Helen Lopez** C. Date of Delivery **9-15**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4226

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 ENCANA/BLANCO WASH

For delivery information, visit **OFFIC**

Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 SEP 2 2014

LOPEZ, GINO
 PO BOX 1253
 TEEC NOS POS, AZ 86514

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, GINO
 PO BOX 1253
 TEEC NOS POS, AZ 86514

2. Article Number (Transfer from service label) **7014 1820 0001 7496 4226**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **Helen Lopez** C. Date of Delivery **9/18/14**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

184

7014 1820 0001 7496 4219

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

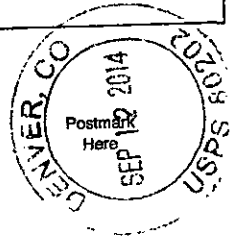
For delivery information: **MHF**
ENCANA/BLANCO WASH

OFFFI

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

To: **LOPEZ, HARRISON**
PO BOX 22
BLOOMFIELD, NM 87413

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, HARRISON
PO BOX 22
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label): **7014 1820 0001 7496 4219**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Helen Lopez* Agent Addressee

B. Received by (Printed Name): **Helen Lopez** C. Date of Delivery: **9-16-14**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type: Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4202

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

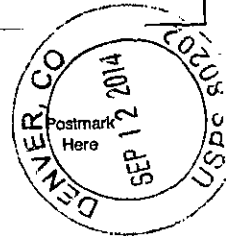
For delivery information: **MHF**
ENCANA/BLANCO WASH

OFFFI

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

To: **LOPEZ, HELEN C**
PO BOX 1253
TEEC NOS POS, AZ 86514

PS Form 3800, July 2014 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, HELEN C
PO BOX 1253
TEEC NOS POS, AZ 86514

2. Article Number (Transfer from service label): **7014 1820 0001 7496 4202**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Helen Lopez* Agent Addressee

B. Received by (Printed Name): **Helen Lopez** C. Date of Delivery: **9/18/14**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type: Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4196

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only MIF

For delivery information: ENCANA/BLANCO WASH

OFF

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 DENVER, CO SEP 2 2014 USPS 80202

To: LOPEZ, HERANDEZ
 PO BOX 1411
 CUBA, NM 87013

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, HERANDEZ
 PO BOX 1411
 CUBA, NM 87013

2. Article Number (Transfer from service label) 7014 1820 0001 7496 4196

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 x *Emelyn C Lopez*

B. Received by (Printed Name) *Emelyn C Lopez* C. Date of Delivery *9-17-14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4189

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
Domestic Mail Only MIF

For delivery information: ENCANA/BLANCO WASH

OFF

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 DENVER, CO SEP 12 2014 USPS 80202

To: LOPEZ, HOLLY G
 PO BOX 1253
 TEEC NOS POS, AZ 86514

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, HOLLY G
 PO BOX 1253
 TEEC NOS POS, AZ 86514

2. Article Number (Transfer from service label) 7014 1820 0001 7496 4189

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 x *Holly Lopez*

B. Received by (Printed Name) *Holly Lopez* C. Date of Delivery *9/18/14*

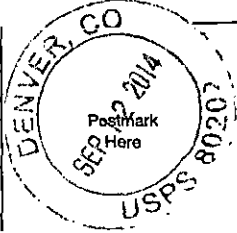
D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

181

7014 1820 0001 7496 4172

U.S. Postal Service	
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information:	MHF ENCANA/BLANCO WASH
OFFI	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
LOPEZ, IRENE S PO BOX 107 NAGEEZI, NM 87037	
PS Form 3800, July 2014 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, IRENE S
 PO BOX 107
 NAGEEZI, NM 87037

2. Article Number
 (Transfer from service label)

7014 1820 0001 7496 4172

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

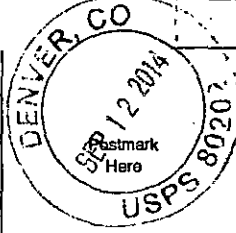
B. Received by (Printed Name) C. Date of Delivery
 Irene Lopez 9/16/14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4165

U.S. Postal Service	
CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information:	MHF ENCANA/BLANCO WASH
OFFI	
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	
Sent To LOPEZ, JACQUELINE D PO BOX 2776 KIRTLAND, NM 87417	
PS Form 3800, July 2014 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, JACQUELINE D
 PO BOX 2776
 KIRTLAND, NM 87417

2. Article Number
 (Transfer from service label)

7014 1820 0001 7496 4165

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

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
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

181

7014 1620 0001 7496 4158

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

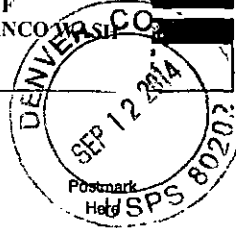
Domestic Mail Only

MHF

For delivery information

ENCANA/BLANCO WASH

OFF



Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

LOPEZ, JANIS
2011 TROY KING RD
TRLR 440
FARMINGTON, NM 87401

PS Form 3800, July 2014 See Reverse for Instructions

7014 1620 0001 7496 4142

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

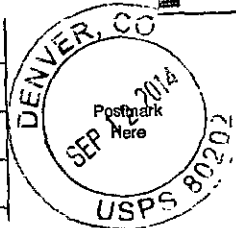
Domestic Mail Only

MHF

For delivery information

ENCANA/BLANCO WASH

OFF



Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

LOPEZ, JEREMIAH
PO BOX 7152
NAZLINI, AZ 86540

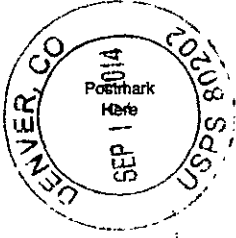
PS Form 3800, July 2014 See Reverse for Instructions

7014 1620 0001 7496 4134

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MIIF
 For delivery information, visit **ENCANA/BLANCO WASH**

OFFIC

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

Sent To: **LOPEZ, LAURA**
 Street or PO: **PO BOX 332**
 City, St: **FARMINGTON, NM 87499**

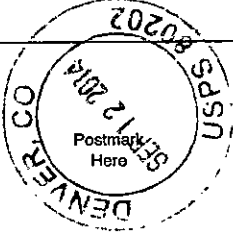
PS Form 3800, July 2014 See reverse for instructions

7014 1620 0001 7496 4127

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MIIF
 For delivery information, visit **ENCANA/BLANCO WASH**

OFFI

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total		

Sent To: **LOPEZ, LENA**
 Street or PO: **PO BOX 1195**
 City, St: **CUBA, NM 87013-1195**

PS Form 3800, July 2014 See reverse for instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>x LENA LOPEZ</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Lena Lopez</i> C. Date of Delivery <i>9/22/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>LOPEZ, LENA PO BOX 1195 CUBA, NM 87013-1195</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7014 1620 0001 7496 4127</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

189

7014 1820 0001 7496 4110

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **MHF**
ENCANA/BLANCO WASH

OFF

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 DENVER CO SEP 16 2014

LOPEZ, LEONARD H
 987 E NOLAN PL
 CHANDLER, AZ 85249-3346

for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, LEONARD H
 987 E NOLAN PL
 CHANDLER, AZ 85249-3346

2. Article Number
 (Transfer from service label)

7014 1820 0001 7496 4110

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Leonard Lopez

B. Received by (Printed Name) *Leonard Lopez*

C. Date of Delivery *9-16-14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, LORENZO
 PO BOX 1295
 CUBA, NM 87013

2. Article Number
 (Transfer from service label)

7014 1820 0001 7496 4103

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Lorenzo Lopez

B. Received by (Printed Name) *LORENZO LOPEZ*

C. Date of Delivery *9/20/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4103

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **MHF**
ENCANA/BLANCO WASH

OFFI

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 DENVER CO SEP 12 2014

LOPEZ, LORENZO
 PO BOX 1295
 CUBA, NM 87013

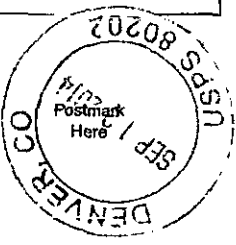
Instructions

190

7014 1820 0001 7496 4097

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** MHF

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

To: **LOPEZ, LOUISE W**
 2310 W APACHE ST LOT #12
 FARMINGTON, NM 87401

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
LOPEZ, LOUISE W
2310 W APACHE ST LOT #12
FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7014 1820 0001 7496 4097**

COMPLETE THIS SECTION ON DELIVERY:

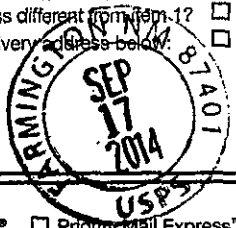
A. Signature *Louise Lopez* Agent
 Louise Lopez Addressee

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
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

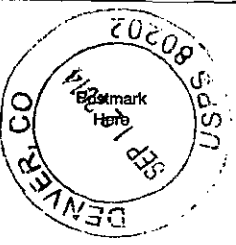


PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 4080

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

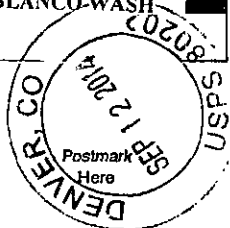
For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** MHF

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		

To: **LOPEZ, LYDIA**
 PO BOX 81874
 ALBUQUERQUE, NM 87198

PS Form 3800, July 2014 See Reverse for Instructions

7014 1820 0001 7496 4073

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit OFFICIAL	MHF ENCANA/BLANCO WASH
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
To: Sen LOPEZ, MARCO Str PO BOX 758 or F PLEASANT GROVE, UT 84062 City	
PS Form 3800, July 2013 Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, MARCO
PO BOX 758
PLEASANT GROVE, UT 84062


2. Article Number

7014 1820 0001 7496 4073

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent
 Addressee
- B. Received by (Printed Name) **MARCO LOPEZ** C. Date of Delivery **9-15-14**
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

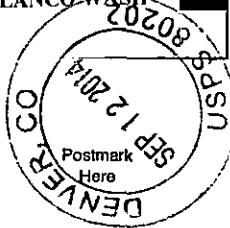
3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee)

 Yes

7014 1820 0001 7496 4066

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT	
Domestic Mail Only	
For delivery information, visit OFFICIAL	MHF ENCANA/BLANCO WASH
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
To: Sen LOPEZ, MARIE Str PO BOX 883 or F CUBA, NM 87013 City	
PS Form 3800, July 2013 See Reverse for Instructions	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, MARIE
PO BOX 883
CUBA, NM 87013

2. Article Number

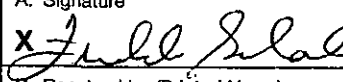
(Transfer from service label)

7014 1820 0001 7496 4066

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature  Agent
 Addressee
- B. Received by (Printed Name) **Freddie Sumbal** C. Date of Delivery **9-16-14**
- D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee)

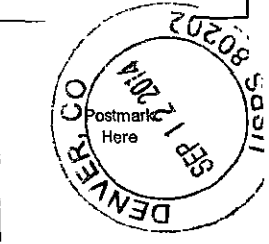
 Yes

197

7014 1820 0001 7496 4059

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	



For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH**

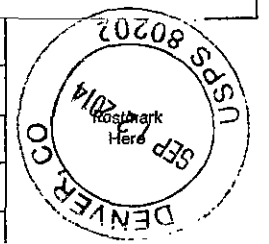
PS LOPEZ, MYTTIAS
 PO BOX 7032
 NAZLINI, AZ 86540

Instructions

7014 1820 0001 7496 4042

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

Postage	\$	
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		



For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH**

PS LOPEZ, NELSON
 PO BOX 107
 NAGEEZI, NM 87037

Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Nelson Lopez</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Nelson Lopez</i></p> <p>C. Date of Delivery</p> <p><i>9/14/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>LOPEZ, NELSON PO BOX 107 NAGEEZI, NM 87037</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number</p> <p>(Transfer from service label)</p>	<p>7014 1820 0001 7496 4042</p>

193

7014 1820 0001 7496 4035

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com or call 1-800-ASK-USPS

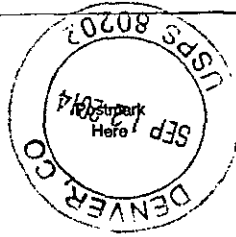
MHF
 ENCANA/BLANCO WASH

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

To: **LOPEZ, ODELL**
PO BOX 811
HOLBROOK, AZ 86025

PS Form 3800, July 2013 Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
LOPEZ, ODELL
PO BOX 811
HOLBROOK, AZ 86025

2. Article Number (Transfer from service label): **7014 1820 0001 7496 4035**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: **X OdeLL** Agent Addressee

B. Received by (Printed Name): **OdeLL** C. Date of Delivery: **9-15-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 4028

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com or call 1-800-ASK-USPS

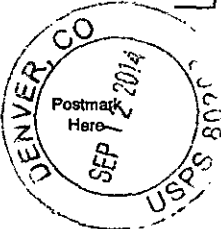
MHF
 ENCANA/BLANCO WASH

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

To: **LOPEZ, RACHEL A**
PO DRAWER 250
GRANTS, NM 87020

PS Form 3800, July 2014 See Reverse for Instructions



RETURN

7014 1820 0001 7496 4011

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

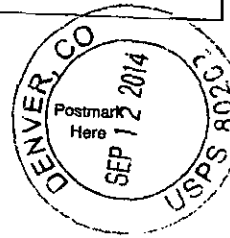
Domestic Mail Only

For delivery information, visit usps.com

MHF
ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Tot:	



Sent
Via
or P
City

LOPEZ, RICKY
PO BOX 7032
NAZLINI, AZ 86540

PS Form 3800, July 2014

See Reverse for Instructions

7014 1820 0001 7496 4004

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

MHF
ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



Sent
Via
or P
City

LOPEZ, RITA
PO BOX 1544
CUBA, NM 87013

PS Form 3800, July 2014

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, RITA
PO BOX 1544
CUBA, NM 87013

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Rita Lopez Agent Addressee

B. Received by (Printed Name)
Rita Lopez

C. Date of Delivery
9/22/14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 4004

19:

7014 1820 0001 7496 3991

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 ENCANA/BLANCO WASH

For delivery information: OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Postmark Here
 DENVER, CO SEP 17 2014 USPS 808

LOPEZ, ROSITA
 1411 3RD ST SW APT B
 ALBUQUERQUE, NM 87102

for instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 LOPEZ, ROSITA
 1411 3RD ST SW APT B
 ALBUQUERQUE, NM 87102

2. Article Number
 (Transfer from service label) 7014 1820 0001 7496 3991

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Rosita Lopez* Agent Addressee

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
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3984

U.S. Postal Service
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 ENCANA/BLANCO WASH

For delivery information: OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Postmark Here
 DENVER, CO SEP 17 2014 USPS 808

LOPEZ, SHERRI L
 PO BOX 251
 PINON, AZ 86510

for instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 LOPEZ, SHERRI L
 PO BOX 251
 PINON, AZ 86510

2. Article Number
 (Transfer from service label) 7014 1820 0001 7496 3984

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Sherril Lopez* Agent Addressee

B. Received by (Printed Name)
 C. Date of Delivery

RENA CODY 9.17.2014

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

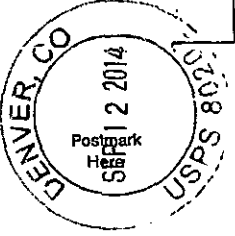
196

7014 1820 0001 7496 3977

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information: MHF
ENCANA/BLANCO WASH
OFFFI

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



LOPEZ, STELLA
PO BOX 791
CUBA, NM 87013

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, STELLA
PO BOX 791
CUBA, NM 87013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Rita Lopez*
 B. Received by (Printed Name) Date of Delivery
Rita Lopez 9-16-14
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

2. Article Number (Transfer from service label) 7014 1820 0001 7496 3977

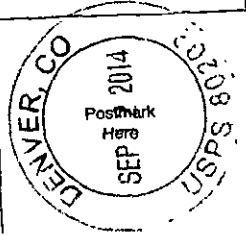
PS Form 3811, July 2013 Domestic Return Receipt

7014 2120 0001 8425 8661

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information: MHF
ENCANA/BLANCO WASH
OFFFI

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



LOPEZ, STEWART
6208 KEARNEY TRAIL NW
ALBUQUERQUE, NM 87120

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, STEWART
6208 KEARNEY TRAIL NW
ALBUQUERQUE, NM 87120

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Kandace Bah Lopez*
 B. Received by (Printed Name) Date of Delivery
Kandace Bah Lopez 9-16-14
 D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

2. Article Number (Transfer from service label) 7014 2120 0001 8425 8661

PS Form 3811, July 2013 Domestic Return Receipt

197

7014 2120 0001 8425 8654

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **usps.com**

MHF
 ENCANA/BLANCO WASH

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage and Fees \$ _____

Postmark
 DENVER, CO SEP 12 2014 USPS 80208

LOPEZ, TED
 PO BOX 1036
 CUBA, NM 87013

PS Form 3811, July 2013 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, TED
 PO BOX 1036
 CUBA, NM 87013

2. Article Number (Transfer from service label)

7014 2120 0001 8425 8654

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Ted Lopez* Agent Addressee

B. Received by (Printed Name) *Ted Lopez* C. Date of Delivery *9/17/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8647

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **usps.com**

MHF
 ENCANA/BLANCO WASH

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage and Fees \$ _____

Postmark
 DENVER, CO SEP 7 2014 USPS 80208

LOPEZ, TEDDY
 PO BOX 386
 NAGEEZI, NM 87037

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, TEDDY
 PO BOX 386
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label)

7014 2120 0001 8425 8647

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Teddy Lopez* Agent Addressee

B. Received by (Printed Name) *Teddy Lopez* C. Date of Delivery *9/16/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8630

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees _____

Postmark Here
 DENVER, CO
 SEP 12 2014
 USPS 80202

LOPEZ, TIMOTHY
 PO BOX 2411
 TUBA CITY, AZ 86045

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 LOPEZ, TIMOTHY
 PO BOX 2411
 TUBA CITY, AZ 86045

2. Article Number (Transfer from service label) 7014 2120 0001 8425 8630

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) *Timothy Lopez* C. Date of Delivery *9/12/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 2120 0001 8425 8623

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total _____

Postmark Here
 DENVER, CO
 SEP 12 2014
 USPS 80500

Sent *By First Class*
 LOPEZ, VICTORIA
 PO BOX 4412
 BLUE GAP, AZ 86520

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 LOPEZ, VICTORIA
 PO BOX 4412
 BLUE GAP, AZ 86520

2. Article Number (Transfer from service label) 7014 2120 0001 8425 8623

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*

B. Received by (Printed Name) *Victoria Lopez* C. Date of Delivery *9/11/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 2120 0001 8425 8616

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Postmark
 SEP 2 2014
 DENVER, CO
 USPS 80202

LOPEZ, WILLIAM I
 PO BOX 5146
 GALLUP, NM 87305

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, WILLIAM I
 PO BOX 5146
 GALLUP, NM 87305

2. Article Number, (Transfer from service label) 7014 2120 0001 8425 8616

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *William Lopez* Agent Addressee

B. Received by (Printed Name) **WILLIAM T. LOPEZ** C. Date of Delivery **29-25-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 2120 0001 8425 8609

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Postmark
 SEP 2 2014
 DENVER, CO
 USPS 80208

LOPEZ, WILSON
 PO BOX 1157
 CHURCH ROCK, NM 87311

PS Form 3800, July 2014 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, WILSON
 PO BOX 1157
 CHURCH ROCK, NM 87311

2. Article Number, (Transfer from service label) 7014 2120 0001 8425 8609

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Wilson Lopez* Agent Addressee

B. Received by (Printed Name) **Wilson Lopez** C. Date of Delivery **SEP 6 2014**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

200

7014 2120 0001 8425 8593

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit [usps.com](#) **MHF**
 ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 SEP 12 2014
 DENVER, CO
 USPS 80202

LOPEZ, YAZZIE
 PO BOX 1057
 CUBA, NM 87013

PS Form 3811, July 2013 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

LOPEZ, YAZZIE
 PO BOX 1057
 CUBA, NM 87013

2. Article Number (Transfer from service label) **7014 2120 0001 8425 8593**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Yazzie Lopez

B. Received by (Printed Name) Agent Addressee
Yazzie Lopez

C. Date of Delivery **9-10-14**

D. Is delivery address different from Item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 2120 0001 8425 8586

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit [usps.com](#) **MHF**
 ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 SEP 12 2014
 DENVER, CO
 USPS 80202

MACE, BELVA J
 419 GROVE ST NE
 ALBUQUERQUE, NM 87108

PS Form 3811, July 2013 See Reverse for Instructions

201

7014 2120 0001 8425 8579

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **usps.com**

MHF
 ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark Here
 SEP 12 2014
 DENVER CO 80202
 USPS

MACE, EVA M
 HC77 BOX 255
 LAGUNA, NM 87026

See Reverse for Instructions

Letter Returned

7014 2120 0001 8425 8562

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **usps.com**

MHF
 ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark Here
 SEP 12 2014
 DENVER CO 80202
 USPS

MACE, JEREMY P
 5313 CANDELARIA NE
 ALBUQUERQUE, NM 87109

See Reverse for Instructions

Letter Returned

7012 2920 0002 1086 4808

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: ENCANA/BLANCO WASH

OFFFI

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Postmark Here: DENVER, CO 12 2014 USPS 8008

MACE, JOE
 PO BOX 1323
 CUBA, NM 87013

PS Form 3800, August 2006 See Reverse for Instructions

7012 2920 0002 1086 4792

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: ENCANA/BLANCO WASH

OFFFI

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Postmark Here: DENVER, CO 12 2014 USPS 8008

MACE, LENORA K
 BOX 1688
 CUBA, NM 87013

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MACE, LENORA K
 BOX 1688
 CUBA, NM 87013

2. Article Number (Transfer from service label): 7012 2920 0002 1086 4792

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Lenora Mace* Agent Addressee

B. Received by (Printed Name): *LENORA MACE*

C. Date of Delivery: *9/23/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

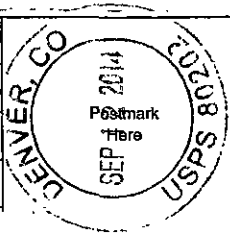
4. Restricted Delivery? (Extra Fee) Yes

203

70 0002 1086 4785

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **usps.com**
 ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



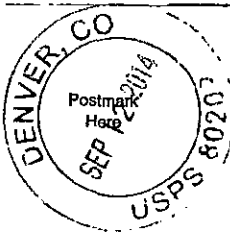
MACE, OLIVIA S
 PO BOX 1323
 CUBA, NM 87013

PS Form 3800, August 2006 See Reverse for Instructions

7012 2920 0002 1086 4778

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 For delivery information visit **usps.com**
 ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	



Sent to
 Street or P.O.
 City, S

MACE, OPHELIA G
 5313 CANDELARIA NE
 ALBUQUERQUE, NM 87110

PS Form 3800, August 2006 See Reverse for Instructions

letter returned

204

7012 2920 0002 1086 4761

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

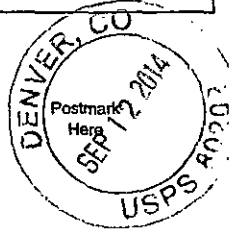
For delivery information visit **ENCANA/BLANCO WASH OFFICE**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Total _____

Sent to: **MACE, SONJIA L**
PO BOX 52162
ALBUQUERQUE, NM 87181

PS Form 3811, August 2006 See Reverse for Instructions

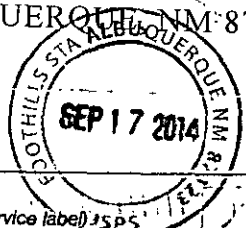


SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MACE, SONJIA L
PO BOX 52162
ALBUQUERQUE, NM 87181



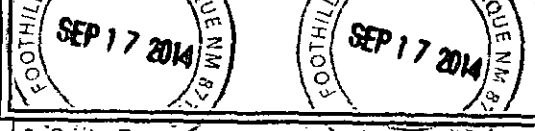
2. Article Number (Transfer from service label) **7012 2920 0002 1086 4761**

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Sonja Mace* Agent Addressee

B. Received by (Printed Name) **Sonja Mace** C. Date of Delivery **9-17-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:



3. Service Type
 Certified Mail® Priority Mail Express
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7012 2920 0002 1086 4754

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

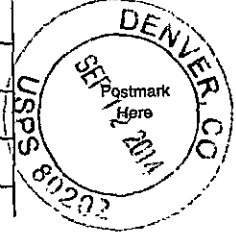
For delivery information visit **ENCANA/BLANCO WASH OFFICE**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Total Postage & Fees _____

Sent to: **MACE, TAITUM T**
313 PENNSYLVANIA ST NE
APT C
ALBUQUERQUE, NM 87108

PS Form 3811, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MACE, TAITUM T
313 PENNSYLVANIA ST NE
APT C
ALBUQUERQUE, NM 87108

2. Article Number (Transfer from service label) **7012 2920 0002 1086 4754**

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Maitum Mace* Agent Addressee

B. Received by (Printed Name) **Maitum Mace** C. Date of Delivery **9/15/14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

204

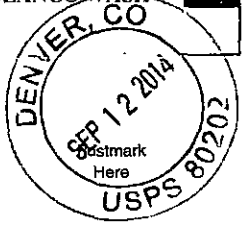
7012 2920 0002 1086 4747

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information ENCANA/BLANCO WASH

OFFFI

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



To
Sen. MACE, TYSON C
PO BOX 1952
CUBA, NM 87013

PS Form 3800, August 2006 See Reverse for Instructions

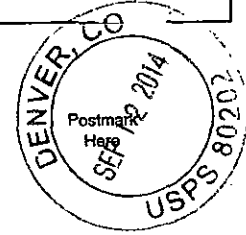
7012 2920 0002 1086 4730

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information ENCANA/BLANCO WASH

OFFFI

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



To
Sen. MAGGARD, RUTH
PO BOX 1251
BLOOMFIELD, NM 87413

PS Form 3811, July 2013 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAGGARD, RUTH
PO BOX 1251
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Tyrel Nicely Agent Addressee

B. Received by (Printed Name) *Tyrel Nicely* C. Date of Delivery *9/16/14*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7012 2920 0002 1086 4730

206

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; **MHP** (Insurance Coverage Provided))

For delivery information

ENCANA/BLANCO WASH

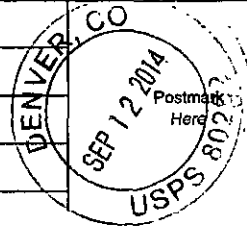
OFFICE

Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)



MAKIL, SARAH V
 918 E MCDOWELL RD
 MESA, AZ 85203

PS Form 3800, August 2006

See Reverse for Instructions

7012 2920 0002 1086 4723

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MAKIL, SARAH V
 918 E MCDOWELL RD
 MESA, AZ 85203

2. Article Number
 (Transfer from service label)

7012 2920 0002 1086 4723

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *S. Makil*

- Agent
- Addressee

B. Received by (Printed Name)

Sarah Makil

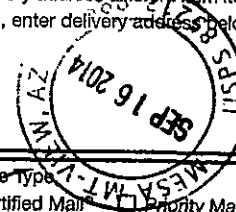
C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type

- Certified Mail
- Priority Mail Express™
- Registered
- Return Receipt for Merchandise
- Insured Mail
- Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; **MHP** (Insurance Coverage Provided))

For delivery information

ENCANA/BLANCO WASH

OFFICE

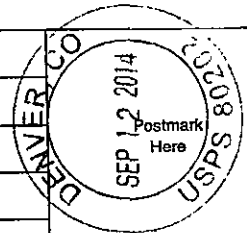
Postage \$

Certified Fee

Return Receipt Fee
(Endorsement Required)

Restricted Delivery Fee
(Endorsement Required)

Total Postage & Fees



MANUEL, LORRAINE L
 PO BOX 332
 FARMINGTON, NM 87499

PS

Instructions

7012 2920 0002 1086 4716

7012 2920 0002 1086 4709

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: ENCANA/BLANCO WASH

OFFFI

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark: DENVER, CO SEP 12 2011 USPS

To: MARTINEZ SR, FRED C
 4633 GILA #30
 FARMINGTON, NM 87402

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MARTINEZ SR, FRED C
 4633 GILA #30
 FARMINGTON, NM 87402

2. Article Number (Transfer from service label): 7012 2920 0002 1086 4709

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *[Signature]*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7012 2920 0002 1086 4693

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: ENCANA/BLANCO WASH

OFFFI

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark: MILE HIGH STA DENVER CO SEP 10 2011 USPS

To: MARTINEZ, CALBERT
 PO BOX 397
 NAGEEZI, NM 87037

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MARTINEZ, CALBERT
 PO BOX 397
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label): 7012 2920 0002 1086 4693

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *[Signature]*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

209

7012 2920 0002 1086 4686

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 13 2014
 USPS

Sent **MARTINEZ, CHANDA R**
 PO BOX 212
 NAGEEZI, NM 87037

PS Form 3811, August 2013 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
MARTINEZ, CHANDA R
PO BOX 212
NAGEEZI, NM 87037

2. Article Number
 (Transfer from service label) **7012 2920 0002 1086 4686**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Chanda Martinez

B. Received by (Printed Name) **CHANDA MARTINEZ** C. Date of Delivery **9/16/14**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7012 2920 0002 1086 4679

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 13 2014
 USPS

Sent **MARTINEZ, CUSTER**
 PO BOX 97
 FINLEY, OK 74543

PS Form 3811, August 2013 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
MARTINEZ, CUSTER
PO BOX 97
FINLEY, OK 74543

2. Article Number
 (Transfer from service label) **7012 2920 0002 1086 4679**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Eugenia Martinez

B. Received by (Printed Name) **EUGENIA MARTINEZ** C. Date of Delivery **9/22/14**

D. Is delivery address different from item 1? No
 If YES, enter delivery address below: Yes

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

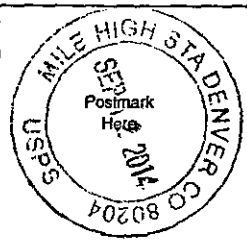
209

7012 2920 0002 1086 4662

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC**
ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Send
 Street or P.O.
 City

MARTINEZ, ELLA P
 HCR 17 BOX 1997
 CUBA, NM 87013

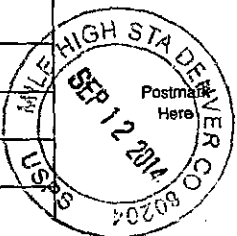
PS Form 3800, August 2008 Instructions

7012 2920 0002 1086 4655

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC**
ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	



To

Send
 Street or P.O.
 City

MARTINEZ, HAROLD A
 PO BOX 80882
 ALBUQUERQUE, NM 87198

PS Form 3800, August 2008 Instructions

210

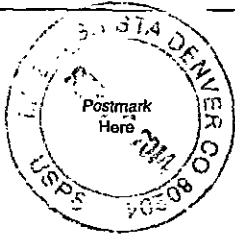
7012 2920 0002 1086 4648

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Pk	

Sent To: **MARTINEZ, LILLIE R**
 BOX 1621
 ALBUQUERQUE, NM 87103

PS Form 3800, August 2006 See Reverse for Instructions



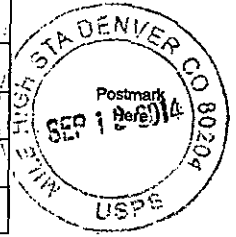
7012 2920 0002 1086 4631

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To: **MARTINEZ, LORETTA**
 CR 6402 # 31
 KIRTLAND, NM 87417

PS Instructions



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARTINEZ, LORETTA
CR 6402 # 31
KIRTLAND, NM 87417

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Loretta Martinez

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7012 2920 0002 1086 4631

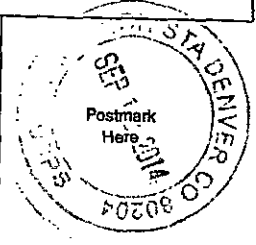
211

7012 2920 0002 1086 4624

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL** ENCANA/BLANCO WASH
MHF

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



MARTINEZ, MAXINE A
PO BOX 56
NAGEEZI, NM 87037

for instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MARTINEZ, MAXINE A
PO BOX 56
NAGEEZI, NM 87037

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Maxine Martinez Agent Addressee

B. Received by (Printed Name) *Maxine Martinez* C. Date of Delivery *9-16-14*

D. Is delivery address different from item 1? Yes No
(If YES, enter delivery address below:)

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

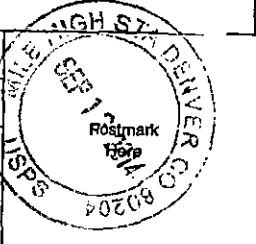
7012 2920 0002 1086 4624

7012 2920 0002 1086 4624

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICIAL** ENCANA/BLANCO WASH
MHF

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent MARTINEZ, PAULA A
Street or PO 38455 N SHERATON #774
City: BEACH PARK, IL 60087

PS Form 3811, July 2013 for instructions

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: ENCANA/BLANCO WASH

OFFICIAL MAIL

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total _____

Postmark Here: SEP 12 2014 MILE HIGH STA. DENVER CO 80204

Sent MARTINEZ, STELLA
 Street or PO Box 5328 Montgomery Blvd NE
 City, ALBUQUERQUE, NM 87109

PS Form 3811, July 2013

7012 2920 0002 1086 4600

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MARTINEZ, STELLA
 5328 Montgomery Blvd NE
 ALBUQUERQUE, NM 87109

2. Article Number (Transfer from service label): 7012 2920 0002 1086 4600

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Eric Williams* Agent Addressee

B. Received by (Printed Name): Eric Williams C. Date of Delivery: 9/17/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information: ENCANA/BLANCO WASH

OFFICIAL MAIL

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

Postmark Here: SEP 12 2014 MILE HIGH STA. DENVER CO 80204

Sent MASE, CALVIN
 Street or PO Box PO BOX 543
 City, CUBA, NM 87013

PS Form 3800, August 2006 See Reverse for Instructions

7012 2920 0002 1086 4594

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MASE, CALVIN
 PO BOX 543
 CUBA, NM 87013

2. Article Number (Transfer from service label): 7012 2920 0002 1086 4594

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Mae Castillo* Agent Addressee

B. Received by (Printed Name): Mae Castillo C. Date of Delivery: 9/16/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7012 2920 0002 1086 4587

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)

For delivery information call 1-800-375-8799

ENCANA/BLANCO WASH

OFFICIAL MAIL

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 MILE HIGH STA DENVER CO SEP 12 2014

Sent To
 MASE, LARRY
 PO BOX 1358
 CUBA, NM 87013

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MASE, LARRY
 PO BOX 1358
 CUBA, NM 87013

2. Article Number (Transfer from service label)
 7012 2920 0002 1086 4587

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Larry Mase* Agent Addressee

B. Received by (Printed Name)
 Larry Mase

C. Date of Delivery
 9/15/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7012 2920 0002 1086 4570

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only - No Insurance Coverage Provided)

For delivery information call 1-800-375-8799

ENCANA/BLANCO WASH

OFFICIAL MAIL

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Postmark Here
 MILE HIGH STA DENVER CO SEP 12 2014

Sent To
 MCCALLISTER, CHARLENE
 PO BOX 333
 RUIDOSO DOWNS, NM 88346

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MCCALLISTER, CHARLENE
 PO BOX 333
 RUIDOSO DOWNS, NM 88346

2. Article Number (Transfer from service label)
 7012 2920 0002 1086 4570

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Charlene McCallister* Agent Addressee

B. Received by (Printed Name)
 Charlene McCallister

C. Date of Delivery
 SEP 17 2014

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

214

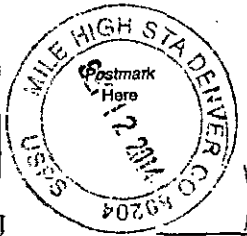
7012 2920 0002 1086 4563

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance or Return Provided)
 For delivery information: ENCANA/BLANCO WASH
 OFFI

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	

Tr
 MOFFETT, NORMA J
 950 S MAGNOLIA AVE #45
 LOS ANGELES, CA 90006

PS Form 3800, August 2006 See Reverse for Instructions



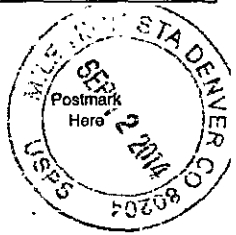
7012 2920 0002 1086 4556

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance or Return Provided)
 For delivery information: ENCANA/BLANCO WASH
 OFFI

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total	

Sent to:
 MONTROYA, ELIZABETH
 PO BOX 1854
 CUBA, NM 87013

PS Form 3800, August 2006 See Reverse for Instructions



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>x Elizabeth Montoya</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Elizabeth Montoya</i></p> <p>C. Date of Delivery <i>9/17/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>MONTROYA, ELIZABETH PO BOX 1854 CUBA, NM 87013</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7012 2920 0002 1086 4556</p>

PS Form 3811, July 2013 Domestic Return Receipt

215

7014 1820 0001 7496 2529

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, **MHF**
 ENCANA/BLANCO WASH

OFFI

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+
 MORGAN, ELRINA
 10 CR 6116
 KIRTLAND, NM 87417

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MORGAN, ELRINA
 10 CR 6116
 KIRTLAND, NM 87417

2. Article Number (Transfer from service label) 7014 1820 0001 7496 2529

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Frederic Russell

B. Received by (Printed Name) *Frederic Russell* C. Date of Delivery *9-15-14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 2512

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, **MHF**
 ENCANA/BLANCO WASH

OFFI

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP
 MORGAN, NELIDA L
 7121 CHANTELE ST
 FARMINGTON, NM 87401

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MORGAN, NELIDA L
 7121 CHANTELE ST
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label) 7014 1820 0001 7496 2512

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Nelida Oros

B. Received by (Printed Name) *Nelida Oros* C. Date of Delivery *9-16-14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

216

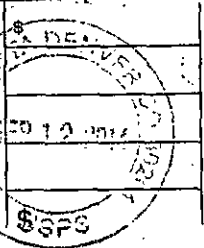
5052 1820 0001 7496 2505
7014 1820 0001 7496 2505

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF
ENCANA/BLANCO WASH

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required) \$
Restricted Delivery Fee (Endorsement Required) \$
Total Postage & Fees \$



Postmark Here

Sent To

Street & Apt. No. or PO Box No.
City, State, ZIP

MORGAN, THERESA A
PO BOX 864
CROWNPOINT, NM 87313

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 Agent Addressee

B. Received by (Printed Name) Theresa Morgan C. Date of Delivery

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

1. Article Addressed to:

MORGAN, THERESA A
PO BOX 864
CROWNPOINT, NM 87313

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7014 1820 0001 7496 2505

PS Form 3811, July 2013

Domestic Return Receipt

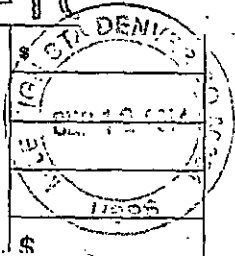
5492 1820 0001 7496 2499
7014 1820 0001 7496 2499

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF
ENCANA/BLANCO WASH

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required) \$
Restricted Delivery Fee (Endorsement Required) \$
Total Postage & Fees \$



Postmark Here

Sent To

Street & Apt. No. or PO Box No.
City, State, ZIP

MOSE, ELEANOR R
PO BOX 310244
MEXICAN HAT, UT 84531

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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 Agent Addressee

B. Received by (Printed Name) Daniel George C. Date of Delivery 9/16/14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

1. Article Addressed to:

MOSE, ELEANOR R
PO BOX 310244
MEXICAN HAT, UT 84531

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7014 1820 0001 7496 2499

PS Form 3811, July 2013

Domestic Return Receipt

217

7014 1820 0001 7496 2482

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: MHF ENCANA/BLANCO WASH

OFFI

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Sent To: MOWA, HELENE A
 Street & Apt. No. or PO Box No. 29 CALLE CONTENTA
 City, State, ZIP FLAGSTAFF, AZ 86001

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MOWA, HELENE A
 29 CALLE CONTENTA
 FLAGSTAFF, AZ 86001

2. Article Number (Transfer from service label) 7014 1820 0001 7496 2482

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature X: Helene Mowa Agent Addressee

B. Received by (Printed Name) Helene Mowa C. Date of Delivery 9/22/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 2475

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: MHF ENCANA/BLANCO WASH

OFFI

Postage \$		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees \$		

Sent To: MURPHY, HELEN M
 Street & Apt. No. or PO Box No. BOX 1243
 City, State, ZIP+ CROWNPOINT, NM 87313

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 MURPHY, HELEN M
 BOX 1243
 CROWNPOINT, NM 87313

2. Article Number (Transfer from service label) 7014 1820 0001 7496 2475

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature X: Helen M. Murphy Agent Addressee

B. Received by (Printed Name) Helen M. Murphy C. Date of Delivery 9-15-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

218

7014 1820 0001 7496 2468

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

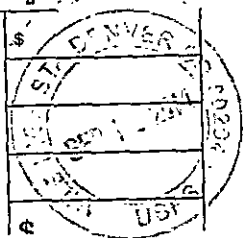
Domestic Mail Only

For delivery information:

MHF
ENCANA/BLANCO WASH

OFFICIAL

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees



Postmark
Here

Sent To
Street & Apt. No.
or PO Box No.
City, State, ZIP+

MUSTACHE, SAMUEL L
PO BOX 593
FARMINGTON, NM 87499

PS Form 3800,

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

MUSTACHE, SAMUEL L
PO BOX 593
FARMINGTON, NM 87499

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 2468

PS Form 3811, July 2013

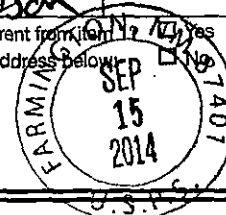
Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Aaron Simpson Agent Addressee

B. Received by (Printed Name)
Aaron Simpson C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:



3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NAVAJO NATION
NAVAJO NATION
WINDOW ROCK, AZ 86504

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 2451

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Louise Peshlak Agent Addressee

B. Received by (Printed Name)
Louise Peshlak C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 2451

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

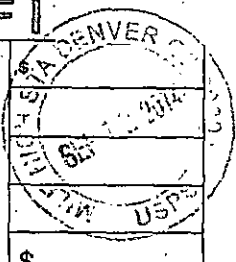
Domestic Mail Only

For delivery information:

MHF
ENCANA/BLANCO WASH

OFFICIAL

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees



Postmark
Here

Sent To
Street & Apt. No.
or PO Box No.
City, State, ZIP+

NAVAJO NATION
NAVAJO NATION
WINDOW ROCK, AZ 86504

PS Form 3800,

219

7014 1820 0001 7496 2444

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL** **OFFICIAL**
MHF ENCANA/BLANCO WASH

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required) \$
Restricted Delivery Fee (Endorsement Required) \$
Total Postage & Fees \$

Postmark Here
DENVER CO SEP 12 2014

Sent To
NELSON, SARAH B
PO BOX 1215
FRUITLAND, NM 87416

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
NELSON, SARAH B
PO BOX 1215
FRUITLAND, NM 87416

2. Article Number:
(Transfer from service label) 7014 1820 0001 7496 2444

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Sarah Nelson Agent Addressee

B. Received by (Printed Name)
Sarah Nelson

C. Date of Delivery
9-17-14

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 2437

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFICIAL** **OFFICIAL**
MHF ENCANA/BLANCO WASH

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required) \$
Restricted Delivery Fee (Endorsement Required) \$
Total Postage & Fees \$

Postmark Here
MILE HIGH STA DENVER CO SEP 12 2014

Sent To
NELSON, SARAH I
PO BOX 1215
FRUITLAND, NM 87416

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
NELSON, SARAH I
PO BOX 1215
FRUITLAND, NM 87416

2. Article Number:
(Transfer from service label) 7014 1820 0001 7496 2437

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Sarah Nelson Agent Addressee

B. Received by (Printed Name)
Sarah Nelson

C. Date of Delivery
9-17-14

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

221

7014 1820 0001 7496 2420

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

MHF
 ENCANA/BLANCO WASH

OFFICE

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required) \$
 Restricted Delivery Fee (Endorsement Required) \$
 Total Postage & Fees \$

Postmark Here

Sent To
 NEWTON, ROSE
 PO BOX 2643
 BLOOMFIELD, NM 87413

PS Form 380

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NEWTON, ROSE
PO BOX 2643
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 2420

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
ROSE NEWTON Agent Addressee

B. Received by (Printed Name)
ROSE NEWTON

C. Date of Delivery
9-19-14

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 2420

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

MHF
 ENCANA/BLANCO WASH

OFFICE

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required) \$
 Restricted Delivery Fee (Endorsement Required) \$
 Total Postage & Fees \$

Postmark Here

Sent To
 NEZ, ANGELIA M
 PO BOX 778
 CUBA, NM 87013

PS Form 380

7014 1820 0001 7496 2406

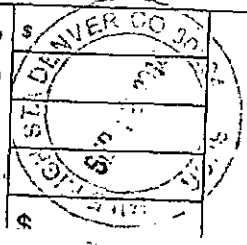
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, OFFI

MHF
ENCANA/BLANCO WASH

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$



Postmark Here

Sent To

Street & Apt. # or PO Box No.

City, State, ZIP

NEZ, AUTUMN R
PO BOX 1255
KIRTLAND, NM 87417

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NEZ, AUTUMN R
PO BOX 1255
KIRTLAND, NM 87417

2. Article Number

(Transfer from service label)

7014 1820 0001 7496 2406

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Autumn Nez

Agent
 Addressee

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

Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NEZ, DOLLY
PO BOX 5701
FARMINGTON, NM 87499

2. Article Number

(Transfer from service label)

7014 1820 0001 7496 2390

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Benjamin Amstutz

Agent
 Addressee

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

Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



0862 9642 7496 2390

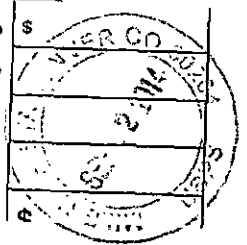
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, OFFI

MHF
ENCANA/BLANCO WASH

Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$



Postmark Here

Sent To

Street & Apt. # or PO Box No.

City, State, ZIP

NEZ, DOLLY
PO BOX 5701
FARMINGTON, NM 87499

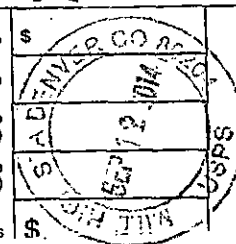
PS Form 3800

222

7014 1820 0001 7496 2383

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** MHF

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To: **NEZ, EARL**
 Street & Apt. # or PO Box No. **PO BOX 584**
 City, State, ZIP **BLANCO, NM 87412**

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NEZ, EARL
PO BOX 584
BLANCO, NM 87412

2. Article Number (Transfer from service label) **7014 1820 0001 7496 2383**

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Earl Nez

B. Received by (Printed Name) **EARL NEZ** C. Date of Delivery **9/16/14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

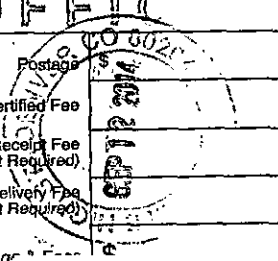
4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

7014 1820 0001 7496 2376

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** MHF

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To: **NEZ, ELAINE**
 Street & Apt. # or PO Box No. **200 FIGUEROA NE APT #112**
 City, State, ZIP **ALBUQUERQUE, NM 87123**

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NEZ, ELAINE
200 FIGUEROA NE APT #112
ALBUQUERQUE, NM 87123

2. Article Number (Transfer from service label) **7014 1820 0001 7496 2376**

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Elaine Nez

B. Received by (Printed Name) **Elaine Nez** C. Date of Delivery **SEP 19 2014**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

22

7014 1820 0001 7496 2369

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, **MHF**
ENCANA/BLANCO WASH

OFFICE

Postage \$ _____
Certified Fee _____
Return Receipt Fee (Endorsement Required) _____
Restricted Delivery Fee (Endorsement Required) _____
Total Postage & Fees \$ _____

Postmark Here
MILE HIGH STA DENVER CO 80204
SEP 16 2014
USPS

Sent To
NEZ, LINDA
PO BOX 1532
BLOOMFIELD, NM 87413

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NEZ, LINDA
PO BOX 1532
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 2369

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X *Johnny Spay* Agent Addressee
- B. Received by (Printed Name) *Johnny Spay* C. Date of Delivery *9-16-14*
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 2352

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, **MHF**
ENCANA/BLANCO WASH

OFFICE

Postage \$ _____
Certified Fee _____
Return Receipt Fee (Endorsement Required) _____
Restricted Delivery Fee (Endorsement Required) _____
Total Postage & Fees \$ _____

Postmark Here
MILE HIGH STA DENVER CO 80204
SEP 16 2014
USPS

Sent To
NEZ, MARILYN
PO BOX 5434
FARMINGTON, NM 87499

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NEZ, MARILYN
PO BOX 5434
FARMINGTON, NM 87499

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 2352

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
X *Marilyn Nez* Agent Addressee
- B. Received by (Printed Name) *Marilyn Nez* C. Date of Delivery *9-16-14*
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

224

7014 1820 0001 7496 2345

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **OFFICIAL**

MHF
ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 11 2014
 USPS

Sent To
 Street & Apt. # or PO Box No.
 City, State, Zip

NEZ, MARY LOU
 PO BOX 921
 AZTEC, NM 87410

PS Form 3801

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NEZ, MARY LOU
 PO BOX 921
 AZTEC, NM 87410

2. Article Number (Transfer from service label) **7014 1820 0001 7496 2345**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Marilyn Perry*

B. Received by (Printed Name) *Marilyn Perry* C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 2338

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **OFFICIAL**

MHF
ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 12 2014
 USPS

Sent To
 Street & Apt. # or PO Box No.
 City, State, Zip

NEZ, PERRY
 PO BOX 2842
 FARMINGTON, NM 87499

PS Form 3801

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NEZ, PERRY
 PO BOX 2842
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label) **7014 1820 0001 7496 2338**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Marilyn Perry*

B. Received by (Printed Name) *Marilyn Perry* C. Date of Delivery *9-16-14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

22

7014 1820 0001 7496 2321

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, MHF ENCANA/BLANCO WASH

OFFICIAL

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 SEP 12 2014
 MILE HIGH STA DENVER CO

Sent To
 Street & Apt. # or PO Box No.
 City, State, Z

NEZ, PHILLIP
 200 FIGUEROA NE APT #112
 ALBUQUERQUE, NM 87123

PS Form 380

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 NEZ, PHILLIP
 200 FIGUEROA NE APT #112
 ALBUQUERQUE, NM 87123

2. Article Number (Transfer from service label) 7014 1820 0001 7496 2321

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Phillip Nez* Agent Addressee

B. Received by (Printed Name) Elaine Nez C. Date of Delivery SEP 19 2014

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 2314

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, MHF ENCANA/BLANCO WASH

OFFICIAL

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 SEP 11 2014
 MILE HIGH STA DENVER CO

Sent To
 Street & Apt. # or PO Box No.
 City, State, Z

NEZ, RENA
 PO BOX 1058
 SHIPROCK, NM 87420

PS Form 380

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 NEZ, RENA
 PO BOX 1058
 SHIPROCK, NM 87420

2. Article Number (Transfer from service label) 7014 1820 0001 7496 2314

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Rena Nez* Agent Addressee

B. Received by (Printed Name) Rena Nez C. Date of Delivery SEP 11 2014

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

22

7014 1820 0001 7496 2307

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

MHF
ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
Street & Apt. N
or PO Box No.
City, State, ZIP

NEZ, SHERILYN
PO BOX 1255
KIRTLAND, NM 87417

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NEZ, SHERILYN
PO BOX 1255
KIRTLAND, NM 87417

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 2307

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Sherilyn Nez* Agent Addressee

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

Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 2291

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

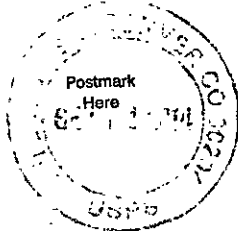
Domestic Mail Only

For delivery information, visit usps.com

MHF
ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
Street & Apt. N
or PO Box No.
City, State, ZIP

NEZ, SHIRLEY ANN
PO BOX 1255
KIRTLAND, NM 87417

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NEZ, SHIRLEY ANN
PO BOX 1255
KIRTLAND, NM 87417

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 2291

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Shirley Nez* Agent Addressee

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

Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

227

7014 1820 0001 7496 2284

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFII** **MHF**
 ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 SEP 12 2014

Sent To
 NEZ, STEVEN R
 PO BOX 1255
 KIRTLAND, NM 87417

PS Form 380

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 NEZ, STEVEN R
 PO BOX 1255
 KIRTLAND, NM 87417

2. Article Number
 (transfer from service label) 7014 1820 0001 7496 2284

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Go-C...i* Agent Addressee

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
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 2277

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **MHF**
 ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 SEP 13 2014

Sent To
 NEZ, TIMOTHY
 12111 W DREYSUS DRIVE
 EL MIRAGE, AZ 85335

PS Form 380

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 NEZ, TIMOTHY
 12111 W DREYSUS DRIVE
 EL MIRAGE, AZ 85335

2. Article Number
 (transfer from service label) 7014 1820 0001 7496 2277

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Timothy Nez* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
Timothy Nez 9/15/14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

228

7014 1820 0001 7496 2260

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** MHF

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To: **NOCKAI, DEBBY**
 Street & Apt. or PO Box No: **506 WEST MAPLE**
 City, State, Zi: **FARMINGTON, NM 87401**

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NOCKAI, DEBBY
506 WEST MAPLE
FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7014 1820 0001 7496 2260**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

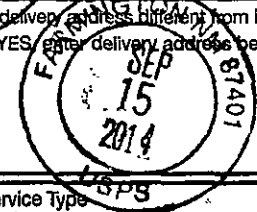
A. Signature Agent Addressee
Mary Montano

B. Received by (Printed Name) **MARY MONTANO** C. Date of Delivery **9-15-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



7014 1820 0001 7496 2253

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** MHF

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$	

Sent To: **O'JOHN, VERA**
 Street & Apt. or PO Box No: **PO BOX 842**
 City, State, Zi: **IGNACIO, CO 81137**

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

O'JOHN, VERA
PO BOX 842
IGNACIO, CO 81137

2. Article Number (Transfer from service label) **7014 1820 0001 7496 2253**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Vera O'John

B. Received by (Printed Name) **VERA O'JOHN** C. Date of Delivery **9/19/14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

224

7014 1820 0001 7496 2246

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, **OFFFI** MHF ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here: SEP 12 2014 DENVER CO

Sent To: OTERO, CHESTER L
 Street & Apt. No. or PO Box No.: PO BOX 1712
 City, State, ZIP: CUBA, NM 87013

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

OTERO, CHESTER L
 PO BOX 1712
 CUBA, NM 87013

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *Cindy Ridge* C. Date of Delivery: *9/15/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number: *7014 1820 0001 7496 2246*
 (Transfer from service label)

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 2239

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, **OFFFI** MHF ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here: SEP 12 2014 DENVER CO

Sent To: OTERO, CYNTHIA
 Street & Apt. No. or PO Box No.: PO BOX 642
 City, State, ZIP: CUBA, NM 87013

PS Form 3800

7014 1820 0001 7496 2222

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

MHF
 ENCANA/BLANCO WASH

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To
 Street & Apt or PO Box # _____
 City, State, ZIP+4® _____

PS Form 3811, July 2013

Postmark Here
 SEP 12 2014
 DENVER, CO

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 OTERO, ROY
 BOX 945
 CUBA, NM 87013

2. Article Number (Transfer from service label) 7014 1820 0001 7496 2222

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Roy Otero Agent Addressee

B. Received by (Printed Name) Roy Otero C. Date of Delivery 9-18-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 2215

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

MHF
 ENCANA/BLANCO WASH

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To
 Street & Apt or PO Box # _____
 City, State, ZIP+4® _____

PS Form 3811, July 2013

Postmark Here
 SEP 16 2014
 DENVER, CO

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 PACHACO KENNETH,
 EVA M
 42 ROAD 5580
 FARMINGTON, NM 87407

2. Article Number (Transfer from service label) 7014 1820 0001 7496 2215

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Evan Pacheco Kenneth Agent Addressee

B. Received by (Printed Name) Evan Pacheco Kenneth C. Date of Delivery 9-16-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 2208

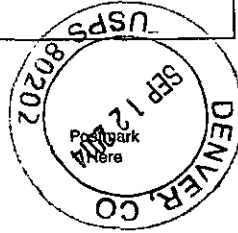
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit usps.com

MHF
ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
Street & A
or PO Box
City, State

PACHECO SR, LEO J
PO BOX 281
BLOOMFIELD, NM 87413

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PACHECO SR, LEO J
PO BOX 281
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 2208

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Leo Pacheco Agent Addressee

B. Received by (Printed Name)

Leo Pacheco

C. Date of Delivery

9-16-14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail® Priority Mail Express™
- Registered Return Receipt for Merchandise
- Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PACHECO, HAROLD
PO BOX 2021
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 2192

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Bessie Pacheco Agent Addressee

B. Received by (Printed Name)

Bessie Pacheco

C. Date of Delivery

9-16-14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail® Priority Mail Express™
- Registered Return Receipt for Merchandise
- Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 2192

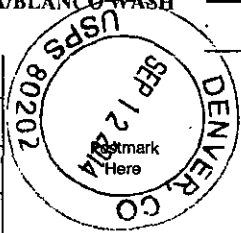
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit usps.com

MHF
ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
Street & A
or PO Box
City, State

PACHECO, HAROLD
PO BOX 2021
BLOOMFIELD, NM 87413

PS Form 3811, July 2013

7014 1820 0001 7496 2185

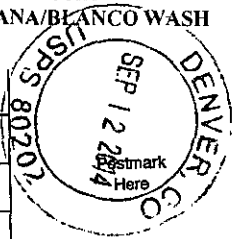
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit

OFFICE

MHF
ENCANA/BLANCO WASH



Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
PERRY, CAROLINE A
PO BOX 88
SMITH LAKE, NM 87365

PS Form 3811

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PERRY, CAROLINE A
PO BOX 88
SMITH LAKE, NM 87365

2. Article Number

(Transfer from service label)

7014 1820 0001 7496 2185

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Carolanne Martin Agent Addressee

B. Received by (Printed Name)
Carolanne Martin

C. Date of Delivery
9-15-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PETE, ANITA
PO BOX 595
CUBA, NM 87013

2. Article Number

(Transfer from service label)

7014 1820 0001 7496 2178

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Anita Pete Agent Addressee

B. Received by (Printed Name)
Anita Pete

C. Date of Delivery
9-16-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 2178

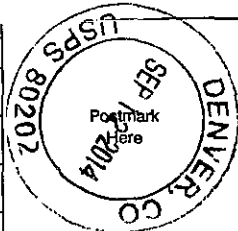
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit

OFFICE

MHF
ENCANA/BLANCO WASH



Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
PETE, ANITA
PO BOX 595
CUBA, NM 87013

PS Form 3811

23

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC** MHF
ENCANA/BLANCO WASH

Postmark
Here

DENVER CO
SEP 1 2014
USPS 80202

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
Street & / or PO Box
City, State

PINTO, BETTY
BOX 1547 HCR 79
CUBA, NM 87013

PS Form 3811, July 2013

7014 1820 0001 7496 2161

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PINTO, BETTY
BOX 1547 HCR 79
CUBA, NM 87013

2. Article Number (Transfer from service label) **7014 1820 0001 7496 2161**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Bessie Frank

B. Received by (Printed Name) *Bessie Frank* C. Date of Delivery *9/19/14*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC** MHF
ENCANA/BLANCO WASH

Postmark
Here

DENVER CO
SEP 1 2 2014
USPS 80202

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
Street & / or PO Box
City, State

PINTO, CARLITA J
PO BOX 723
CUBA, NM 87013

PS Form 3811, July 2013

7014 1820 0001 7496 2154

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PINTO, CARLITA J
PO BOX 723
CUBA, NM 87013

2. Article Number (Transfer from service label) **7014 1820 0001 7496 2154**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Carlita Pinto

B. Received by (Printed Name) *Carlita Pinto* C. Date of Delivery *9-15-14*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 2147

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICE** **ENCANA/BLANCO WASH**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 SEP 12 2014
 DENVER CO
 USPS 80202

Sent To
 PINTO, ELVIRA
 PO BOX 803
 GALLUP, NM 87305

PS Form 3811, July 2013

Return

7014 1820 0001 7496 2130

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICE** **ENCANA/BLANCO WASH**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 SEP 12 2014
 DENVER CO
 USPS 80202

Sent To
 PINTO, EVELYN
 4307 TOPKE CT NE
 ALBUQUERQUE, NM 87109

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>x Evelyn Pinto</i> <input type="checkbox"/> Agent Addressee</p> <p>B. Received by (Printed Name) <i>Evelyn Pinto</i></p> <p>C. Date of Delivery <i>9-15</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>PINTO, EVELYN 4307 TOPKE CT NE ALBUQUERQUE, NM 87109</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7014 1820 0001 7496 2130</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

235

7014 1820 0001 7496 2123

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** ENCANA/BLANCO WASH MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 DENVER, CO SEP 12 2014

Sent To
 Street & Apt. # or PO Box #
 City, State, ZIP+4®
PINTO, HELEN O
PO BOX 1227
CUBA, NM 87013

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 PINTO, HELEN O
 PO BOX 1227
 CUBA, NM 87013

2. Article Number (Transfer from service label) **7014 1820 0001 7496 2123**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Helen Pinto

B. Received by (Printed Name) Agent Addressee
Helen Pinto

C. Date of Delivery
9-16-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 2116

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** ENCANA/BLANCO WASH MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 DENVER, CO SEP 12 2014

Sent To
 Street & Apt. # or PO Box No.
 City, State, ZIP+4®
PINTO, LOIS A
PO BOX 447
NAGEEZI, NM 87037

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 PINTO, LOIS A
 PO BOX 447
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) **7014 1820 0001 7496 2116**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Lois Pinto

B. Received by (Printed Name) Agent Addressee
Lois Pinto

C. Date of Delivery
9-16-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

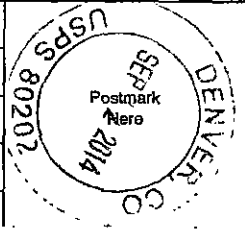
234

7014 1820 0001 7496 2109

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC**
MHF
ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



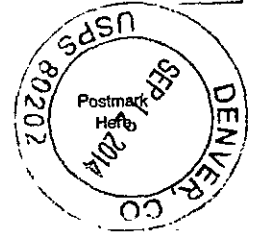
Sent To
PINTO, NINA N
PO BOX 34
FRUITLAND, NM 87416
PS Form 3800

7014 1820 0001 7496 2098

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC**
MHF
ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
PINTO, TRINA
PO BOX 1132
FRUITLAND, NM 87416
PS Form 3800

Letter returned

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

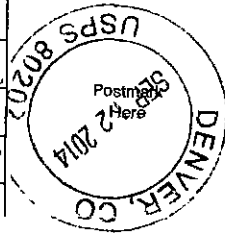
Domestic Mail Only.

For delivery information, visit

OFFIC

MHF
ENCANA/BLANCO WASH

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$



Sent To

PLATERO, ANDY
PO BOX 93
NAGEEZI, NM 87037

Street & Apt. #
or PO Box No
City, State, Zi

PS Form 380

7014 1820 0001 7496 2086

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PLATERO, ANDY
PO BOX 93
NAGEEZI, NM 87037

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 2086

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Andy Platero* Agent Addressee

B. Received by (Printed Name) *Andy Platero* C. Date of Delivery *9-16-14*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

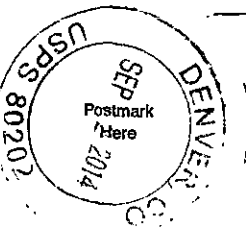
Domestic Mail Only

For delivery information, visit

OFFIC

MHF
ENCANA/BLANCO WASH

Postage \$
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$



Sent To

PLATERO, BETTY
PO BOX 99
SANTA YSABEL, CA 92070

Street & Apt. #
or PO Box No
City, State, Zi

PS Form 380

7014 1820 0001 7496 2079

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PLATERO, BETTY
PO BOX 99
SANTA YSABEL, CA 92070

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 2079

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Betty Platero* Agent Addressee

B. Received by (Printed Name) *Betty Platero* C. Date of Delivery *9-22-14*

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

238

7014 1820 0001 7496 2062

U.S. Postal Service™
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For delivery information, visit usps.com

MHF
ENCANA/BLANCO WASH

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here SEP 12 2014 DENVER, CO

Sent To
 Street & Apt. or PO Box N
 City, State, Z

PLATERO, BEVERLY A
 1600 CLIFFSIDE DR APT 177
 FARMINGTON, NM 87401

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 PLATERO, BEVERLY A
 1600 CLIFFSIDE DR APT 177
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label) 7014 1820 0001 7496 2062

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Elizabeth Hicks* C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Postmark Here SEP 15 2014 DENVER, CO

7014 1820 0001 7496 2055

U.S. Postal Service™
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MHF
ENCANA/BLANCO WASH

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here SEP 12 2014 DENVER, CO

Sent To
 Street & Apt. or PO Box N
 City, State, Z

PLATERO, BRIAN A
 PO BOX 3618
 FARMINGTON, NM 87499

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 PLATERO, BRIAN A
 PO BOX 3618
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label) 7014 1820 0001 7496 2055

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Jodi Lapahie* C. Date of Delivery *9.15.14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Postmark Here SEP 15 2014 FARMINGTON, NM 87401

239

7014 1820 0001 7496 2048

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 SEP 12 2014
 DENVER CO
 USPS 80202

Sent To
 Street & Apt. or PO Box No.
 City, State

PLATERO, CHRISTINE
 313 W SYCAMORE APT 2
 BLOOMFIELD, NM 87413

PS Form 3811

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PLATERO, CHRISTINE
 313 W SYCAMORE APT 2
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7014 1820 0001 7496 2048

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 Christine Platero

B. Received by (Printed Name) C. Date of Delivery
 Christine Platero 9/15/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 2031

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 SEP 12 2014
 DENVER CO
 USPS 80202

Sent To
 Street & Apt. or PO Box No.
 City, State, Z.

PLATERO, DAN
 PO BOX 1381
 BLOOMFIELD, NM 87413

PS Form 3811

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PLATERO, DAN
 PO BOX 1381
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7014 1820 0001 7496 2031

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 Dan Platero

B. Received by (Printed Name) C. Date of Delivery
 DAN PLATERO 9-17-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

240

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark
 SEP 15 2014
 DENVER, CO
 USPS 80202

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP
 PLATERO, DEANDRA
 PO BOX 1062
 AUBURN, WA 98071

PS Form 3800

7014 1820 0001 7496 2024

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 PLATERO, DEANDRA
 PO BOX 1062
 AUBURN, WA 98071

2. Article Number (Transfer from service label) 7014 1820 0001 7496 2024

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Alfreda Trujillo

B. Received by (Printed Name) Agent Addressee
 Alfreda Trujillo

C. Date of Delivery
 SEP 15 2014

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™
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MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark
 SEP 15 2014
 DENVER, CO
 USPS 80202

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP
 PLATERO, DIANA R
 PO BOX 43
 BLUEWATER, NM 87005

PS Form 3800

7014 1820 0001 7496 2017

241

7014 1820 0001 7496 2000

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

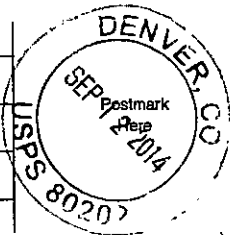
Domestic Mail Only

For delivery information, visit usps.com

MHF
ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
 Street & Apt. or PO Box No.
 City, State, ZIP+4

PLATERO, DIANE R
 PO BOX 43
 BLUEWATER, NM 87005

PS Form 3800, July 2013

7014 1820 0001 7496 1997

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

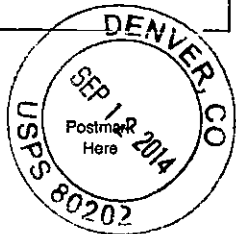
Domestic Mail Only

For delivery information, visit usps.com

MHF
ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
 Street & Apt. No., or PO Box No.
 City, State, ZIP+4

PLATERO, ERNEST J
 7701 E OSBORN 271 W
 SCOTTSDALE, AZ 85251

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PLATERO, ERNEST J
 7701 E OSBORN 271 W
 SCOTTSDALE, AZ 85251

2. Article Number
 (Transfer from service label)

7014 1820 0001 7496 1997

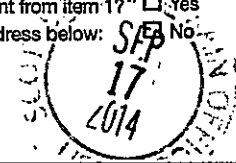
PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *Melody Platero*
 C. Date of Delivery: *9-17-14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:



3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

Domestic Return Receipt

242

7014 1820 0001 7496 1980

U.S. Postal Service™
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MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 DENVER, CO
 SEP 12 2014
 USPS 80202

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

PLATERO, EVA
 PO BOX 93
 NAGEEZI, NM 87037

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PLATERO, EVA
 PO BOX 93
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) **7014 1820 0001 7496 1980**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Eva Platero

B. Received by (Printed Name) *Eva Platero* C. Date of Delivery *9-16-14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 1973

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

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 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 DENVER, CO
 SEP 12 2014
 USPS 80202

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

PLATERO, GEORGE
 PO BOX 93
 NAGEEZI, NM 87037-0093

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PLATERO, GEORGE
 PO BOX 93
 NAGEEZI, NM 87037-0093

2. Article Number (Transfer from service label) **7014 1820 0001 7496 1973**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
George Platero

B. Received by (Printed Name) *George Platero* C. Date of Delivery *9-16-14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

243

7014 1820 0001 7496 1966

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit

OFFIC

MHF
ENCANA/BLANCO WASH



Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
Street & Apt. N
or PO Box No.
City, State, ZIP

PLATERO, IDA M
412 E CEDAR AVE
BLOOMFIELD, NM 87413

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PLATERO, IDA M
412 E CEDAR AVE
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 1966

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Ida Platero* Agent Addressee

B. Received by (Printed Name)
Ida Platero C. Date of Delivery
9-16-14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 1959

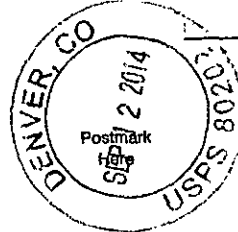
U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit

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MHF
ENCANA/BLANCO WASH



Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
Street & Apt. N
or PO Box No.
City, State, ZIP

PLATERO, JESSICA L
54 RD 2598
AZTEC, NM 87410

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PLATERO, JESSICA L
54 RD 2598
AZTEC, NM 87410

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 1959

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Jessica Platero* Agent Addressee

B. Received by (Printed Name)
Jessica Platero C. Date of Delivery
9/15/14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

244

7014 1820 0001 7496 1942

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
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MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 DENVER CO SEP 12 2014 USPS

Sent To
 PLATERO, LEANDER
 PO BOX 1431
 FARMINGTON, NM 87499

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PLATERO, LEANDER
 PO BOX 1431
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label)

7014 1820 0001 7496 1942

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

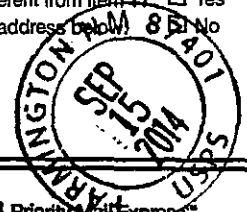
A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *Leander Platero* C. Date of Delivery *9-15-14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



7014 1820 0001 7496 1935

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL**

MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 DENVER CO SEP 12 2014 USPS

Sent To
 PLATERO, LENORA J
 19 CR 7588
 BLOOMFIELD, NM 87413

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PLATERO, LENORA J
 19 CR 7588
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)

7014 1820 0001 7496 1935

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) *Lenora Platero* C. Date of Delivery *9/23/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

245

7014 1820 0001 7496 1928

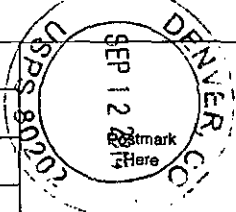
**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit **OFFICE** **ENCANA/BLANCO-WASH** MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To
 Street & Apt. No., or PO Box No.
 City, State, ZIP+4®
**PLATERO, MARVIN L
 PO BOX 2054
 BLOOMFIELD, NM 87413**

PS Form 3800, July 2013



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
**PLATERO, MARVIN L
 PO BOX 2054
 BLOOMFIELD, NM 87413**

2. Article Number (Transfer from service label)
7014 1820 0001 7496 1928

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Millieent Platero* Agent Addressee

B. Received by (Printed Name) **Millieent Platero** C. Date of Delivery **9-15-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

7014 1820 0001 7496 1911

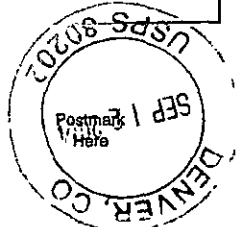
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CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit **OFFICE** **ENCANA/BLANCO WASH** MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4®
**PLATERO, MYRON
 PO BOX 73
 ROCK POINT, AZ 86545**

PS Form 3800, July 2013



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
**PLATERO, MYRON
 PO BOX 73
 ROCK POINT, AZ 86545**

2. Article Number (Transfer from service label)
7014 1820 0001 7496 1911

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Jacqueline Platero* Agent Addressee

B. Received by (Printed Name) **Jacqueline Platero** C. Date of Delivery **9-15-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

24

7014 1620 0001 7496 1904

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

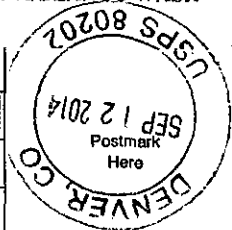
Domestic Mail Only

For delivery information, visit

MIHF
ENCANA/BLANCO WASH

OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To

PLATERO, PHILLIP B
PO BOX 43
BLUEWATER, NM 87005

Street & Apt. No.
or PO Box No.
City, State, ZIP+

PS Form 3800

7014 1620 0001 7496 1898

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

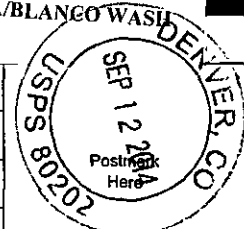
Domestic Mail Only

For delivery information, visit

MIHF
ENCANA/BLANCO WASH

OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To

PLATERO, RAPHEAL
PO BOX 1412
FRUITLAND, NM 87416

Street & Apt. No.
or PO Box No.
City, State, ZIP

PS Form 3800

247

7014 1820 0001 7496 1881

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** MHF ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	

Postmark Here: DENVER, CO SEP 12 2014 USPS 80202

Sent To: PLATERO, RICHARD
 Street & Apt. or PO Box No.: PO BOX 572
 City, State, ZIP: BLOOMFIELD, NM 87413

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PLATERO, RICHARD
 PO BOX 572
 BLOOMFIELD, NM 87413

2. Article Number:
 (Transfer from service label) 7014 1820 0001 7496 1881

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Judy Platero* Agent Addressee

B. Received by (Printed Name): *Judy Platero* C. Date of Delivery: *9-15-14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
- Certified Mail® Priority Mail Express™
 - Registered Return Receipt for Merchandise
 - Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 1874

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** MHF ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	

Postmark Here: DENVER, CO SEP 15 2014 USPS 80202

Sent To: PLATERO, RITA R
 Street & Apt. No. or PO Box No.: 325 JAMES CIRCLE
 City, State, ZIP: BLOOMFIELD, NM 87413

PS Form 3800

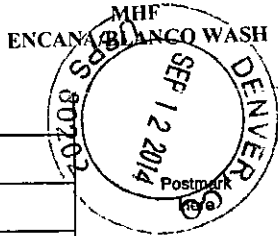
248

7014 1820 0001 7496 1867

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

OFFIC



Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Sent To
PLATERO, RUBY A
PO BOX 216
NAGEEZI, NM 87037

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PLATERO, RUBY A
PO BOX 216
NAGEEZI, NM 87037

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 1867

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Ruby Platero* Agent Addressee

B. Received by (Printed Name)
Daniel Platero C. Date of Delivery
9/15/14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

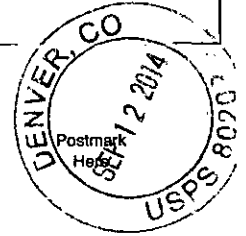
7014 1820 0001 7496 1850

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit

OFFIC

ENCANA/BLANCO WASH



Postage \$
Certified Fee
Return Receipt Fee (Endorsement Required)
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$

Sent To
PLATERO, STELLA
HCR 17 BOX 415
CUBA, NM 87013

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

PLATERO, STELLA
HCR 17 BOX 415
CUBA, NM 87013

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 1850

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Stella Jose* Agent Addressee

B. Received by (Printed Name)
Stella Jose C. Date of Delivery
9/18/14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

246

7014 1820 0001 7496 1843

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC**

MHF
ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 DENVER, CO
 SEP 23 2014
 USPS 80208

Sent To
 POSTOAK, SHIRLEY M
 12317 E 16TH STREET
 TULSA, OK 74128

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 POSTOAK, SHIRLEY M
 12317 E 16TH STREET
 TULSA, OK 74128

2. Article Number
 (Transfer from service label) 7014 1820 0001 7496 1843

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Shirley Postak Agent Addressee

B. Received by (Printed Name)
 Shirley Postak

C. Date of Delivery
 SEP 23 2014

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 1843

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC**

MHF
ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 DENVER, CO
 SEP 12 2014
 USPS 80207

Sent To
 RANCK, JESSIE
 7305 CATBRIER CT
 FT WORTH, TX 76137

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 RANCK, JESSIE
 7305 CATBRIER CT
 FT WORTH, TX 76137

2. Article Number
 (Transfer from service label) 7014 1820 0001 7496 1836

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Jessie Ranck Agent Addressee

B. Received by (Printed Name)
 J Ranck

C. Date of Delivery
 9/15/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

250

7014 1820 0001 7496 1829

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

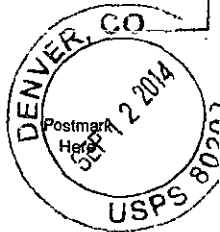
Domestic Mail Only

For delivery information, visit

OFFIC

MIIF
ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
 Street & Apt. or PO Box No
 City, State, Z

RENTZ, EVA
 PO BOX 1253
 BLOOMFIELD, NM 87413

PS Form 381

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RENTZ, EVA
 PO BOX 1253
 BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 1829

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Ray Rentz* Agent Addressee

B. Received by (Printed Name)
 Ray Rentz

C. Date of Delivery
 9-16-14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 1812

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

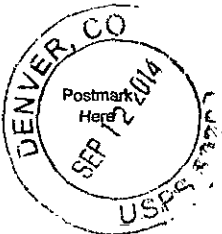
Domestic Mail Only

For delivery information, visit

OFFIC

MHF
ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
 Street & Apt. or PO Box No
 City, State, Z

REYOS, GLORIA M
 2908 LOS ANAYAS RD NW
 ALBUQUERQUE, NM 87104

PS Form 380

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

REYOS, GLORIA M
 2908 LOS ANAYAS RD NW
 ALBUQUERQUE, NM 87104

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 1812

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Gloria M Reyes* Agent Addressee

B. Received by (Printed Name)
 GLORIA M REYOS

C. Date of Delivery
 9-17-14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

251

7014 1820 0001 7496 1805

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

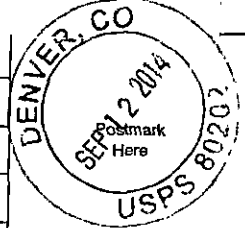
Domestic Mail Only

For delivery information, visit usps.com

MHF
ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To: RIVERA, ORLANDO M
 Street & Apt. or PO Box #: PO BOX 5868
 City, State, Z: FARMINGTON, NM 87499

PS Form 3811

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

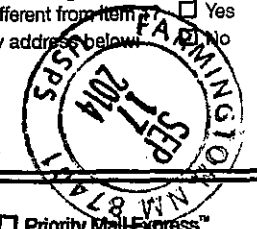
1. Article Addressed to:

 RIVERA, ORLANDO M
 PO BOX 5868
 FARMINGTON, NM 87499

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Orlando M Rivera* Agent Addressee
 B. Received by (Printed Name): *Orlando M Rivera* C. Date of Delivery:

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:



3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes No

2. Article Number (Transfer from service label) 7014 1820 0001 7496 1805

PS Form 3811, July 2013

Domestic Return Receipt

7014 1820 0001 7496 1799

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit usps.com

MHF
ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To: ROANHORSE ESTATE, ARNOLD
 Street & Apt. or PO Box #: P O BOX 1261
 City, State, Z: NAVAJO, NM 87328

PS Form 3811

Letter returned

252

7014 1820 0001 7496 3960

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here: DENVER, CO SEP 12 2014 USPS 80202

Sent To: **ROANHORSE JR, NELSON**
1212 S MONTEREY
SPACE 422
FARMINGTON, NM 87401

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
ROANHORSE JR, NELSON
1212 S MONTEREY
SPACE 422
FARMINGTON, NM 87401

2. Article Number (Transfer from service label): **7014 1820 0001 7496 3960**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Nelson Roanhorse* Agent Addressee

B. Received by (Printed Name): **Nelson Roanhorse** C. Date of Delivery: _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Postmark Here: BLOOMFIELD, NM SEP 17 2014 USPS 87401

7014 1820 0001 7496 3953

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here: DENVER, CO SEP 12 2014 USPS 80202

Sent To: **RODRIGUEZ, ELEICIA A**
PO BOX 2334
BLOOMFIELD, NM 87413

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
RODRIGUEZ, ELEICIA A
PO BOX 2334
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label): **7014 1820 0001 7496 3953**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Richard Rodriguez* Agent Addressee

B. Received by (Printed Name): **Richard Rodriguez** C. Date of Delivery: **9-22-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

253

7014 1820 0001 7496 3946

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **MIHF**
ENCANA/BLANCO WASH com®

OFFI

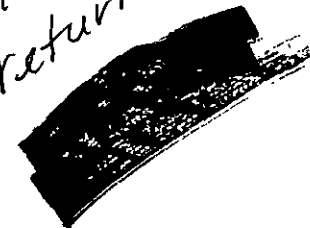
Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark: DENVER, CO SEP 12 2014 USPS 80207

Sent To: **RODRIGUEZ, PRESTON V**
 Street & Apt or PO Box: **PO BOX 6293**
 City, State: **FARMINGTON, NM 87499**

PS Form 3811, July 2013

Letter returned



7014 1820 0001 7496 3939

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **MIHF**
ENCANA/BLANCO WASH

OFFI

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark: DENVER, CO SEP 12 2014 USPS 80207

Sent To: **RODRIGUEZ, RICHARD P**
 Street & Apt or PO Box #: **PO BOX 2334**
 City, State: **BLOOMFIELD, NM 87413**

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

RODRIGUEZ, RICHARD P
PO BOX 2334
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Richard Rodriguez

B. Received by (Printed Name) Agent Addressee
Richard Rodriguez

C. Date of Delivery
9-20-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3939

254

7014 1820 0001 7496 3922

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **OFF**

MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here: DENVER, CO SEP 2 2014 USPS 80203

Sent To: ROGER, JULIA H
 126 EAST MAIN ST
 FARMINGTON, NM 87401

PS Form 381

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

ROGER, JULIA H
 126 EAST MAIN ST
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label) 7014 1820 0001 7496 3922

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

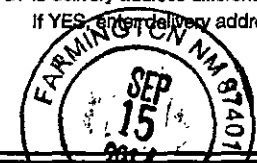
B. Received by (Printed Name): *Lucinda Seana*

C. Date of Delivery: _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



7014 1820 0001 7496 3925

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **OFF**

MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here: DENVER, CO SEP 12 2014 USPS 80203

Sent To: RUSSELL, CLARA
 PO BOX 24383
 SANTA FE, NM 87502

PS Form 380

Letter returned

~~_____~~

255

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **OFFICIAL**

MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 DENVER, CO
 SEP 12 2014
 USPS 80203

Sent To
 Street & Apt. or PO Box No.
 City, State, Zi

SAM, CINDRA T
 HCR 79 BOX 3066
 CUBA, NM 87013

PS Form 380

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **OFFICIAL**

MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 DENVER, CO
 SEP 12 2014
 USPS 80203

Sent To
 Street & Apt. or PO Box No.
 City, State, Zi

SAM, ESTHER
 PO BOX 92
 FRUITLAND, NM 87416

PS Form 380

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Esther Sam</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>ESTHER SAM</i></p> <p>C. Date of Delivery <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>SAM, ESTHER PO BOX 92 FRUITLAND, NM 87416</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7014 1820 0001 7496 3892</p>

256

7014 1820 0001 7496 3885

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: MHF ENCANA/BLANCO WASH OFF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here: DENVER, CO SEP 18 2014 USPS 80202

Sent To: SAM, FREDDIE
 PO BOX 1822
 BLOOMFIELD, NM 87413

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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: X *Wade Sam* Agent Addressee

B. Received by (Printed Name): *Wade Sam* C. Date of Delivery: _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

1. Article Addressed to:
 SAM, FREDDIE
 PO BOX 1822
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label): 7014 1820 0001 7496 3885

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 3878

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: MHF ENCANA/BLANCO WASH OFFFI

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here: DENVER, CO SEP 17 2014 USPS 80202

Sent To: SAM, HARLAN
 #1 ROAD 6115
 KIRTLAND, NM 87417

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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: X *Harlan Sam* Agent Addressee

B. Received by (Printed Name): *Harlan Sam* C. Date of Delivery: _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

1. Article Addressed to:
 SAM, HARLAN
 #1 ROAD 6115
 KIRTLAND, NM 87417

2. Article Number (Transfer from service label): 7014 1820 0001 7496 3878

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

257

799E 964L T000 028T 4T0L

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **MHF**
 ENCANA/BLANCO WASH

OFFI

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here: **DENVER, CO SEP 12 2014 USPS 80202**

Sent To: **SAM, HAROLD**
 Street & Apt. N. or PO Box No. **506 WEST MAPLE**
 City, State, ZIP **FARMINGTON, NM 87401**

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1; 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

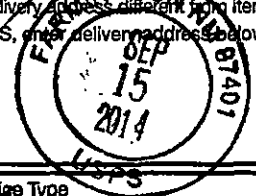
SAM, HAROLD
506 WEST MAPLE
FARMINGTON, NM 87401

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Mary Montana Addressee

B. Received by (Printed Name) *MARY MONTANA* C. Date of Delivery *9-15-14*

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label)

7014 1820 0001 7496 3861

PS Form 3811, July 2013

Domestic Return Receipt

459E 964L T000 028T 4T0L

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information: **MIF**
 ENCANA/BLANCO WASH

OFFI

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here: **DENVER, CO SEP 12 2014 USPS 80202**

Sent To: **SAM, IRVIN**
 Street & Apt. N. or PO Box No. **434 N 3RD**
 City, State, ZIP **BLOOMFIELD, NM 87413**

PS Form 3800

7014 1820 0001 7496 3847

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit usps.com

MHF
ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To

SAM, JESSIE M
PO BOX 212
COUNSELOR, NM 87018

Street & Apt. N
or PO Box N
City, State, ZIP

PS Form 3811

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SAM, JESSIE M
PO BOX 212
COUNSELOR, NM 87018

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)

Jessie M Sam

C. Date of Delivery

9/20/14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail® Priority Mail Express™
- Registered Return Receipt for Merchandise
- Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

7014 1820 0001 7496 3847

(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt

7014 1820 0001 7496 3830

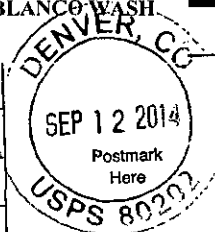
U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit usps.com

MHF
ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To

SAM, JULIAN
PO BOX 221
COUNSELOR, NM 87018

Street & Apt. N
or PO Box No.
City, State, ZIP

PS Form 3811

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SAM, JULIAN
PO BOX 221
COUNSELOR, NM 87018

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name)

Julian Sam

C. Date of Delivery

9/20/14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail® Priority Mail Express™
- Registered Return Receipt for Merchandise
- Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

7014 1820 0001 7496 3830

(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt

259

7014 1820 0001 7496 3823

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, **OFFII** MHF ENCANA/BLANCO WASH

Postage \$ _____
Certified Fee _____
Return Receipt Fee (Endorsement Required) _____
Restricted Delivery Fee (Endorsement Required) _____
Total Postage & Fees \$ _____

DENVER, CO
SEP 12 2014
Postmark Here
USPS 80202

Sent To: **SAM, MELVIN**
#14 COUNTY ROAD 4903
BLOOMFIELD, NM 87413

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
SAM, MELVIN
#14 COUNTY ROAD 4903
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7014 1820 0001 7496 3823**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Ken Rayburn

B. Received by (Printed Name) **Ken Rayburn** C. Date of Delivery **9/19/14**

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3816

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, **OFFII** MHF ENCANA/BLANCO WASH

Postage \$ _____
Certified Fee _____
Return Receipt Fee (Endorsement Required) _____
Restricted Delivery Fee (Endorsement Required) _____
Total Postage & Fees \$ _____

DENVER, CO
SEP 12 2014
Postmark Here
USPS 80202

Sent To: **SAM, NASBAN**
BOX 212
COUNSELOR, NM 87018

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
SAM, NASBAN
BOX 212
COUNSELOR, NM 87018

2. Article Number (Transfer from service label) **7014 1820 0001 7496 3816**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Jessie M Sam

B. Received by (Printed Name) **Jessie M Sam** C. Date of Delivery **9/20/14**

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

261

7014 1820 0001 7496 3809

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH**

MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 DENVER, CO
 SEP 12 2014
 USPS 80202

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP

SAM, OSMUND
 PO BOX 234
 NAGEEZI, NM 87037

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SAM, OSMUND
 PO BOX 234
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7014 1820 0001 7496 3809

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Harry Sanchez

B. Received by (Printed Name) Agent Addressee
Harry Sanchez

C. Date of Delivery
9/22/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3793

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH**

MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 DENVER, CO
 SEP 12 2014
 USPS 80202

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP

SAM, STEPHANIE
 PO BOX 1128
 CUBA, NM 87013

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SAM, STEPHANIE
 PO BOX 1128
 CUBA, NM 87013

2. Article Number (Transfer from service label) 7014 1820 0001 7496 3793

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Johanna Ruiz

B. Received by (Printed Name) Agent Addressee
Johanna Ruiz

C. Date of Delivery
9/18/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

261

7014 1820 0001 7496 3786

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To: **SAM, VERNA**
 Street & Apt. No. or PO Box No. **PO BOX 584**
 City, State, ZIP+4 **BLANCO, NM 57412**

Postmark Here: **DENVER, CO SEP 12 2014 USPS 80202**

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SAM
PO BOX 584
BLANCO, NM 57412

2. Article Number (Transfer from service label) **7014 1820 0001 7496 3786**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X DORNA SAM

B. Received by (Printed Name) **VERNA SAM** C. Date of Delivery **9-16-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

802 NEE 1000013-10000/12/14
 NOTIFY SENDER OF NEW ADDRESS
 600 W BLANCO BLVD APT 16
 BLOOMFIELD NM 87413-5105
 BC: 87413510616 *8820-00779-12-38

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 3779

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To: **SAM, VINA A**
 Street & Apt. No. or PO Box No. **PO BOX 2683**
 City, State, ZIP+4 **KIRTLAND, NM 87417**

Postmark Here: **DENVER, CO SEP 12 2014 USPS 80202**

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SAM, VINA A
PO BOX 2683
KIRTLAND, NM 87417

2. Article Number (Transfer from service label) **7014 1820 0001 7496 3779**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X VINA DANICE

B. Received by (Printed Name) **VINA DANICE** C. Date of Delivery **SEP 16 2014**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7034 1820 0001 7496 3762

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To: **SAM, VIRGINIA**
 1200 MADEIRA DR SE
 APT 101
 ALBUQUERQUE, NM 87108

PS Form 3800

DENVER, CO
 SEP 12 2014
 Postmark Here
 USPS 80202

Letter returned

7034 1820 0001 7496 3755

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To: **SANCHEZ JR, BILLY**
 PO BOX 1732
 BLOOMFIELD, NM 87413

PS Form 3800

DENVER, CO
 SEP 12 2014
 Postmark Here
 USPS 80202

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SANCHEZ JR, BILLY
PO BOX 1732
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 3755

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Guorua Sanchez

B. Received by (Printed Name) *Guorua Sanchez* C. Date of Delivery *9-16-14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

263

7014 1820 0001 7496 3748

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, **ENCANA/BLANCO WASH** MHF

OFFICIAL

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here: **DENVER, CO SEP 12 2013 USPS 80202**

Sent To: **SANCHEZ, BENJAMIN L**
PO BOX 2062
BLOOMFIELD, NM 87413

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SANCHEZ, BENJAMIN L
PO BOX 2062
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)

7014 1820 0001 7496 3748

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Benjamin L Sanchez Agent Addressee

B. Received by (Printed Name) **Benjamin L Sanchez**
C. Date of Delivery **9-16**

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3731

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, **ENCANA/BLANCO WASH** MHF

OFFICIAL

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here: **DENVER, CO SEP 12 2013 USPS 80202**

Sent To: **SANCHEZ, BRIAN LEE**
PO BOX 1732
BLOOMFIELD, NM 87413

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SANCHEZ, BRIAN LEE
PO BOX 1732
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)

7014 1820 0001 7496 3731

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Lectoria Sanchez Agent Addressee

B. Received by (Printed Name) **Lectoria Sanchez**
C. Date of Delivery **9-16-14**

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

264

7014 1820 0001 7496 3724

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

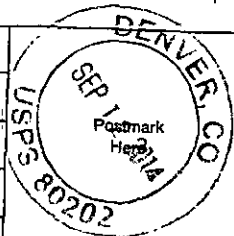
Domestic Mail Only

For delivery information, visit usps.com

MHF
ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To

Street & Apt. No., or PO Box No.

City, State, ZIP+4

SANCHEZ, DANNY L
PO BOX 1111
BLOOMFIELD, NM 87413

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SANCHEZ, DANNY L
PO BOX 1111
BLOOMFIELD, NM 87413

2. Article Number

(Transfer from service label)

7014 1820 0001 7496 3724

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Svejhana Sanchez* Agent Addressee

B. Received by (Printed Name)

Svejhana Sanchez C. Date of Delivery 9-16-14

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

- Certified Mail® Priority Mail Express™
- Registered Return Receipt for Merchandise
- Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SANCHEZ, HARRY
PO BOX 234
NAGEEZI, NM 87037

2. Article Number

(Transfer from service label)

7014 1820 0001 7496 3717

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Harry Sanchez* Agent Addressee

B. Received by (Printed Name)

Harry Sanchez C. Date of Delivery 9-22-14

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

- Certified Mail® Priority Mail Express™
- Registered Return Receipt for Merchandise
- Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3717

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

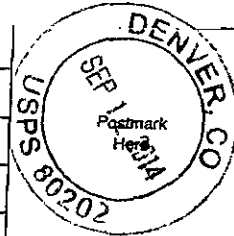
Domestic Mail Only

For delivery information, visit usps.com

MHF
ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To

Street & Apt. No. or PO Box No.

City, State, ZIP

SANCHEZ, HARRY
PO BOX 234
NAGEEZI, NM 87037

PS Form 3800

265

7014 1820 0001 7496 3700

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 ENCANA/BLANCO WASH

For delivery information, visit **OFFICIAL**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 SEP 2 2014
 DENVER CO

Sent To
 SANCHEZ, LANORIA A
 PO BOX 1732
 BLOOMFIELD, NM 87413

Street & Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SANCHEZ, LANORIA A
 PO BOX 1732
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)
 7014 1820 0001 7496 3700

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Lanoria Sanchez* Agent Addressee

B. Received by (Printed Name)
 Lanoria Sanchez

C. Date of Delivery
 9-16-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 3694

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 ENCANA/BLANCO WASH

For delivery information, visit **OFFICIAL**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 SEP 2 2014
 DENVER CO

Sent To
 SANCHEZ, MICHAEL
 PO BOX 1732
 BLOOMFIELD, NM 87413

Street & Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SANCHEZ, MICHAEL
 PO BOX 1732
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)
 7014 1820 0001 7496 3694

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Lanoria Sanchez* Agent Addressee

B. Received by (Printed Name)
 Lanoria Sanchez

C. Date of Delivery
 9-16-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

266

7014 1820 0001 7496 3687

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **ENCANA/BLANCO WASH** MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

DENVER, CO
 SEP 12 2014
 USPS 80202
 Postmark Here

Sent To
 Street & Apt. No., or PO Box No.
 City, State, ZIP+4

SANCHEZ, NORA ANN
 PO BOX 526
 BLOOMFIELD, NM 87413

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SANCHEZ, NORA ANN
 PO BOX 526
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)

7014 1820 0001 7496 3687

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
x Nora Benally

B. Received by (Printed Name) *Nora Benally*
 C. Date of Delivery *9-17-14*

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3670

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFI** **ENCANA/BLANCO WASH** MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

DENVER, CO
 SEP 16 2014
 USPS 80202
 Postmark Here

Sent To
 Street & Apt. No., or PO Box No.
 City, State, ZIP+4

SANCHEZ, ROSE B
 PO BOX 1732
 BLOOMFIELD, NM 87413

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SANCHEZ, ROSE B
 PO BOX 1732
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)

7014 1820 0001 7496 3670

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
x Aurora Sanchez

B. Received by (Printed Name) *Aurora Sanchez*
 C. Date of Delivery *9-16-14*

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3663

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

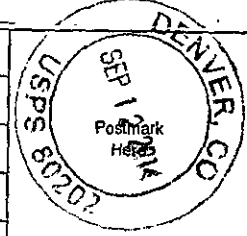
For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** **MHF**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To
 Street & Apt. No., or PO Box No.
 City, State, ZIP+4

SANCHEZ, ROSE MARIE
PO BOX 2062
BLOOMFIELD, NM 87413

PS Form 3800, July 2013



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SANCHEZ, ROSE MARIE
PO BOX 2062
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7014 1820 0001 7496 3663**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Benjamin Sanchez

B. Received by (Printed Name) **Benjamin Sanchez** C. Date of Delivery **9-26-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 3656

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

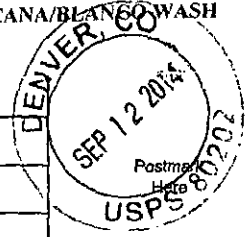
For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** **MHF**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

SANCHEZ, WALLACE
PO BOX 1732
BLOOMFIELD, NM 87413

PS Form 3800, July 2013



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SANCHEZ, WALLACE
PO BOX 1732
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7014 1820 0001 7496 3656**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Wallace Sanchez

B. Received by (Printed Name) **Wallace Sanchez** C. Date of Delivery **9-16-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

268

7014 1820 0001 7496 3649

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **MHF**
ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 SEP 12 2014
 DENVER, CO
 USPS 80202

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP
SANDOVAL ESTATE, THOMAS J
C/O EASTERN NAVAJO AGENCY
PO BOX 328
CROWNPOINT, NM 87313

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
SANDOVAL ESTATE, THOMAS J
C/O EASTERN NAVAJO AGENCY
PO BOX 328
CROWNPOINT, NM 87313

2. Article Number (Transfer from service label) **7014 1820 0001 7496 3649**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Loretta Barbone

B. Received by (Printed Name) **Loretta Barbone** C. Date of Delivery **9/16/14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3632

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **MHF**
ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 SEP 12 2014
 DENVER, CO
 USPS 80202

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP
SANDOVAL, AGNES
PO BOX 62
CHURCHROCK, NM 87311

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
SANDOVAL, AGNES
PO BOX 62
CHURCHROCK, NM 87311

2. Article Number (Transfer from service label) **7014 1820 0001 7496 3632**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Agnes Sandoval

B. Received by (Printed Name) **Agnes Sandoval** C. Date of Delivery **9-15-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

269

7014 1820 0001 7496 3625

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit **OFFICE** **ENCANA/BLANCO WASH** **MHF**

Postage \$ _____
Certified Fee _____
Return Receipt Fee (Endorsement Required) _____
Restricted Delivery Fee (Endorsement Required) _____
Total Postage & Fees \$ _____

Sent To: **SANDOVAL, CHRISTOPHER J
C/O LAWONDA SANDOVAL
PO BOX 4344
DURANGO, CO 81302**

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
**SANDOVAL, CHRISTOPHER J
C/O LAWONDA SANDOVAL
PO BOX 4344
DURANGO, CO 81302**

2. Article Number (Transfer from service label): **7014 1820 0001 7496 3625**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Lawonda Sandoval* Agent Addressee

B. Received by (Printed Name): **Lawonda Sandoval** C. Date of Delivery: **9/22/14**

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3618

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit **OFFICE** **ENCANA/BLANCO WASH** **MHF**

Postage \$ _____
Certified Fee _____
Return Receipt Fee (Endorsement Required) _____
Restricted Delivery Fee (Endorsement Required) _____
Total Postage & Fees \$ _____

Sent To: **SANDOVAL, JAMES
PO BOX 254
TOHATCHI, NM 87325**

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete Items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
**SANDOVAL, JAMES
PO BOX 254
TOHATCHI, NM 87325**

2. Article Number (Transfer from service label): **7014 1820 0001 7496 3618**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *James Sandoval* Agent Addressee

B. Received by (Printed Name): **James Sandoval** C. Date of Delivery: **9/17/2014**

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

270

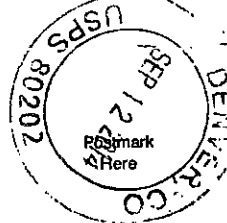
7014 1820 0001 7496 3601

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC** ENCANA/BLANCO WASH

OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To: SANDOVAL, JONATHAN
PO BOX 695
CUBA, NM 87013

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SANDOVAL, JONATHAN
PO BOX 695
CUBA, NM 87013

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 3601

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Jonathan Sandoval* Agent Addressee

B. Received by (Printed Name): *JONATHAN SANDOVAL*

C. Date of Delivery: *9/17/14*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

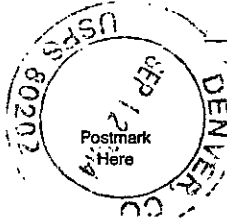
7014 1820 0001 7496 3595

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC** ENCANA/BLANCO WASH

OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To: SANDOVAL, JULIA M
1420 YORK AVE #9
FARMINGTON, NM 87401

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SANDOVAL, JULIA M
1420 YORK AVE #9
FARMINGTON, NM 87401

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 3595

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Julia Sandoval* Agent Addressee

B. Received by (Printed Name): *Julia Sandoval*

C. Date of Delivery: *9-15-14*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

271

7014 1820 0001 7496 3588

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

MHF
 ENCANA/BLANCO WASH

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 SEP 12 2014
 DENVER, CO
 USPS 80202

Sent To
 SANDOVAL, ROSE J
 6808 IVY PI, SW
 ALBUQUERQUE, NM 87121

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SANDOVAL, ROSE J
 6808 IVY PI, SW
 ALBUQUERQUE, NM 87121

2. Article Number (Transfer from service label) 7014 1820 0001 7496 3588

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 ROSE SANDOVAL 9.17.14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3571

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit usps.com

MHF
 ENCANA/BLANCO WASH

OFFICE

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 SEP 12 2014
 DENVER, CO
 USPS 80202

Sent To
 SANDOVAL, SYLVESTER
 PO BOX 3765
 FARMINGTON, NM 87499

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SANDOVAL, SYLVESTER
 PO BOX 3765
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label) 7014 1820 0001 7496 3571

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery
 SYLVESTER SANDOVAL

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

277

7014 1820 0001 7496 3564

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **ENCANA/BLANCO WASH** MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To
 SANDOVAL, VELINDA
 Street & Apt. No. or PO Box No. PO BOX 674
 City, State, ZIP+ CUBA, NM 87013

PS Form 3800

Postmark: SEP 1 2014 DENVER, CO

7014 1820 0001 7496 3557

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **ENCANA/BLANCO WASH** MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To
 SANDOVAL, VIRGINIA T
 Street & Apt. No. or PO Box No. HCR 79 BOX 3044
 City, State, ZIP+ CUBA, NM 87013

PS Form 3800

Postmark: SEP 1 2014 DENVER, CO

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>1. Article Addressed to:</p> <p>SANDOVAL, VIRGINIA T HCR 79 BOX 3044 CUBA, NM 87013</p>		<p>A. Signature <i>Leonard Sandoval</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) LEONARD SANDOVAL</p> <p>C. Date of Delivery 9-18-14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number (Transfer from service label)</p>		<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>		<p>7014 1820 0001 7496 3557</p>	
<p>PS Form 3811, July 2013</p>		<p>Domestic Return Receipt</p>	

273

7014 1820 0001 7496 3540

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit **OFFIC**

MHF ENCANA/BLANCO WASH

Postage \$ _____
Certified Fee _____
Return Receipt Fee (Endorsement Required) _____
Restricted Delivery Fee (Endorsement Required) _____
Total Postage & Fees \$ _____

Postmark Here
SEP 12 2014
DENVER, CO
USPS 80202

Sent To
SANDOVAL, VITTORIO T
1612 31ST STREET SE
RIO RANCHO, NM 87124

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SANDOVAL, VITTORIO T
1612 31ST STREET SE
RIO RANCHO, NM 87124

2. Article Number (Transfer from service label)

7014 1820 0001 7496 3540

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Vittorio Sandoval* Agent Addressee

B. Received by (Printed Name) *Vittorio Sandoval*
C. Date of Delivery *9-18-14*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

7014 1820 0001 7496 3533

**U.S. Postal Service™
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Domestic Mail Only

For delivery information, visit **OFFIC**

MHF ENCANA/BLANCO WASH

Postage \$ _____
Certified Fee _____
Return Receipt Fee (Endorsement Required) _____
Restricted Delivery Fee (Endorsement Required) _____
Total Postage & Fees \$ _____

Postmark Here
SEP 12 2014
DENVER, CO
USPS 80202

Sent To
SCOTT, EDDIE D
PO BOX 2173
BLOOMFIELD, NM 87413

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SCOTT, EDDIE D
PO BOX 2173
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)

7014 1820 0001 7496 3533

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *Eddie Scott* Agent Addressee

B. Received by (Printed Name)
C. Date of Delivery *9-18-14*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

Eddie Scott

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

277

7014 1820 0001 7496 3526

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

SCOTT, LAUREL
 232 S 12TH AVE
 PHOENIX, AZ 85007

PS Form 3800, _____

Postmark Here
 SEP 12 2014
 DENVER CO
 USPS 80202

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SCOTT, LAUREL
 232 S 12TH AVE
 PHOENIX, AZ 85007

2. Article Number (Transfer from service label) 7014 1820 0001 7496 3526

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X [Signature]

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3519

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

SCOTT, QUENBY D
 PO BOX 765
 ST MICHEALS, AZ 86511

PS Form 3800, _____

Postmark Here
 SEP 2 2014
 DENVER CO
 USPS 80202

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SCOTT, QUENBY D
 PO BOX 765
 ST MICHEALS, AZ 86511

2. Article Number (Transfer from service label) 7014 1820 0001 7496 3519

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X [Signature]

B. Received by (Printed Name) C. Date of Delivery
 Quenby Scott 9/15/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

275

7014 1820 0001 7496 3502

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICE** **ENCANA/BLANCO WASH** MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here: DENVER, CO SEP 12 2014 USPS 80292

Sent To: SERAFIN, MAXINE
 Street & Apt. No. or PO Box No. PO BOX 102
 City, State, ZIP+4 DULCE, NM 87528

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SERAFIN, MAXINE
 PO BOX 102
 DULCE, NM 87528

2. Article Number (Transfer from service label) 7014 1820 0001 7496 3502

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Lucian Serafin* Agent Addressee

B. Received by (Printed Name): *Lucian Serafin* C. Date of Delivery: *9/16/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

7014 1820 0001 7496 3496

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICE** **ENCANA/BLANCO WASH** MHF

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here: DENVER, CO SEP 12 2014 USPS 80292

Sent To: SHONE, CARMINIA A
 Street & Apt. No. or PO Box No. PO BOX 251
 City, State, ZIP+4 PINON, AZ 85510

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SHONE, CARMINIA A
 PO BOX 251
 PINON, AZ 85510

2. Article Number (Transfer from service label) 7014 1820 0001 7496 3496

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *RENACODY* Agent Addressee

B. Received by (Printed Name): *RENACODY* C. Date of Delivery: *9.17.2014*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

271

7014 1820 0001 7496 3489

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **ENCANA/BLANCO WASH** **MHF**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 DENVER, CO
 SEP 12 2014
 USPS 80207

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

SHORTY, ROSE M
PO BOX 384
SHIPROCK, NM 87420

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SHORTY, ROSE M
PO BOX 384
SHIPROCK, NM 87420

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 3489

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Rose M Shorty Agent
 Addressee
 B. Received by (Printed Name) **Rose M Shorty** C. Date of Delivery **9/11/14**

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3472

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **ENCANA/BLANCO WASH** **MHF**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 DENVER, CO
 SEP 12 2014
 USPS 80207

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

SIFUENTES, IVA M
PO BOX 45033
RIO RANCHO, NM 87174

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SIFUENTES, IVA M
PO BOX 45033
RIO RANCHO, NM 87174

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 3472

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

Iva Sifuentes Agent
 Addressee
 B. Received by (Printed Name) **Iva Sifuentes** C. Date of Delivery **SEP 12 2014**

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

27

7014 1820 0001 7496 3465

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 For delivery information: ENCANA/BLANCO WASH

OFFI

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

DENVER, CO
 Postmark: SEP 14 2014
 USPS 80202

Sent To: SILVER, GEORGINDA
 708 S TURNER ST
 BLOOMFIELD, NM 87413

PS Form 3800

7014 1820 0001 7496 3458

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 For delivery information: ENCANA/BLANCO WASH

OFFI

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

DENVER, CO
 Postmark: SEP 12 2014
 Here
 USPS 80202

Sent To: SIMPSON, AARON D
 PO BOX 593
 FARMINGTON, NM 87499

PS Form 3800

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>X <i>Aaron Simpson</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p> <p><i>Aaron Simpson</i> SEP 15 2014</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below</p>
<p>1. Article Addressed to:</p> <p>SIMPSON, AARON D PO BOX 593 FARMINGTON, NM 87499</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7014 1820 0001 7496 3458</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

27

7014 1820 0001 7496 3441

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 ENCANA/BLANCO WASH

For delivery information, visit **OFFIC**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

DENVER, CO
 Postmark Here
 SEP 2 2014
 USPS 80202

Sent To
 SIMPSON, DELORES
 PO BOX 593
 FARMINGTON, NM 87499

Street & Apt. No. or PO Box No.
 City, State, ZIP+4

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SIMPSON, DELORES
 PO BOX 593
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label)
 7014 1820 0001 7496 3441

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *DeRon Simpson* Agent Addressee

B. Received by (Printed Name) *DeRon Simpson* Date of Delivery *9/2/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

DENVER, CO
 U.S.P.S.
 80202

7014 1820 0001 7496 3434

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 ENCANA/BLANCO WASH

For delivery information, visit **OFFIC**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

DENVER, CO
 Postmark Here
 SEP 2 2014
 USPS 80202

Sent To
 SIMPSON, GLEN
 PO BOX 393
 FRUITLAND, NM 87416

Street & Apt. No. or PO Box No.
 City, State, ZIP+4

PS Form 3800, J

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SIMPSON, GLEN
 PO BOX 393
 FRUITLAND, NM 87416

2. Article Number (Transfer from service label)
 7014 1820 0001 7496 3434

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Belinda Simpson* Agent Addressee

B. Received by (Printed Name) *Belinda Simpson* Date of Delivery *9/2/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

271

7014 1820 0001 7496 3427

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit **OFFICE** **MHF ENCANA/BLANCO WASH**

Postage \$ _____
Certified Fee _____
Return Receipt Fee (Endorsement Required) _____
Restricted Delivery Fee (Endorsement Required) _____
Total Postage & Fees \$ _____

DENVER, CO
SEP 12 2014
Postmark Here
USPS 80202

Sent To: **SIMPSON, NATHANIEL**
Street & Apt. No., or PO Box No. **PO BOX 593**
City, State, ZIP+4 **FARMINGTON, NM 87499**

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SIMPSON, NATHANIEL
PO BOX 593
FARMINGTON, NM 87499

2. Article Number (Transfer from service label) **7014 1820 0001 7496 3427**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Aaron Simpson

B. Received by (Printed Name) Date of Delivery
Aaron Simpson **SEP 15 2014**

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 3410

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit **OFFICE** **MHF ENCANA/BLANCO WASH**

Postage \$ _____
Certified Fee _____
Return Receipt Fee (Endorsement Required) _____
Restricted Delivery Fee (Endorsement Required) _____
Total Postage & Fees \$ _____

DENVER, CO
SEP 15 2014
Postmark Here
USPS 80202

Sent To: **SIMPSON, TRACIE N**
Street & Apt. No., or PO Box No. **PO BOX 593**
City, State, ZIP+4 **FARMINGTON, NM 87499**

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SIMPSON, TRACIE N
PO BOX 593
FARMINGTON, NM 87499

2. Article Number (Transfer from service label) **7014 1820 0001 7496 3410**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Aaron Simpson

B. Received by (Printed Name) C. Date of Delivery
Aaron Simpson **SEP 15 2014**

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

28

7014 1820 0001 7496 3403

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit **OFFIC** **MHF**
ENCANA/BLANCO WASH

Postage \$ _____
Certified Fee _____
Return Receipt Fee (Endorsement Required) _____
Restricted Delivery Fee (Endorsement Required) _____
Total Postage & Fees \$ _____

Postmark Here
SEP 12 2014
DENVER, CO
USPS 80202

Sent To
SMITH ESTATE, RUSSELL
PO BOX 2535
BLOOMFIELD, NM 87413

Street & Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
SMITH ESTATE, RUSSELL
PO BOX 2535
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7014 1820 0001 7496 3403

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Samuel White* Agent Addressee

B. Received by (Printed Name) *IRA Samuel White* C. Date of Delivery *9/15/14*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3397

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

For delivery information, visit **OFFIC** **MHF**
ENCANA/BLANCO WASH

Postage \$ _____
Certified Fee _____
Return Receipt Fee (Endorsement Required) _____
Restricted Delivery Fee (Endorsement Required) _____
Total Postage & Fees \$ _____

Postmark Here
SEP 12 2014
DENVER, CO
USPS 80202

Sent To
SMITH, ALFRED
PO BOX 1406
BLOOMFIELD, NM 87413

Street & Apt. No., or PO Box No.
City, State, ZIP+4

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
SMITH, ALFRED
PO BOX 1406
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7014 1820 0001 7496 3397

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Alfred Smith* Agent Addressee

B. Received by (Printed Name) *ALFRED SMITH* C. Date of Delivery *9-16-14*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

28

7014 1820 0001 7496 3380

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit

MHF
ENCANA/BLANCO WASH

OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
Street & Apt. No.
or PO Box No.
City, State, ZIP+4

SMITH, ARNOLD C
1613 JUNIPER LN #789
BLOOMFIELD, NM 87413

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SMITH, ARNOLD C
1613 JUNIPER LN #789
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 3380

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Arnold Smith Agent Addressee

B. Received by (Printed Name) *Arnold Smith* C. Date of Delivery *9-17-14*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SMITH, BERTHA M
309 N 3RD ST SP #56
BLOOMFIELD, NM 87413

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 3373

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Bertha Smith Agent Addressee

B. Received by (Printed Name) *Bertha Smith* C. Date of Delivery *9-18-14*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type

Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3373

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT

Domestic Mail Only

For delivery information, visit

MHF
ENCANA/BLANCO WASH

OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
Street & Apt. N
or PO Box No.
City, State, ZIP

SMITH, BERTHA M
309 N 3RD ST SP #56
BLOOMFIELD, NM 87413

PS Form 3800, July 2013

287

7014 1820 0001 7496 3366

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

SMITH, CHRISTINE M
 PO BOX 1191
 IGNACIO, CO 81137

PS Form 3800, **DENVER, CO SEP 12 2014 USPS 80202**

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SMITH, CHRISTINE M
 PO BOX 1191
 IGNACIO, CO 81137

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Christine Levato

B. Received by (Printed Name) Agent Addressee
Christine Levato

C. Date of Delivery
9/11/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3366

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 3359

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

SMITH, EDDIE L
 PO BOX 1987
 BLOOMFIELD, NM 87413

PS Form 3800, **MILE HIGH STA DENVER CO SEP 12 2014 USPS 80204**

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SMITH, EDDIE L
 PO BOX 1987
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Eddie L Smith

B. Received by (Printed Name) Agent Addressee
Eddie L Smith

C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3359

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 3342

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **ENCANA/BLANCO WASH**

OFFIC

MHP

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

MILE HIGH STA DENVER CO
 SEP 2 2014
 USPS #0208

Sent To
 Street & Apt. or PO Box No.
 City, State

SMITH, HAROLD
 PO BOX 336
 NAGEEZI, NM 87037

PS Form 3811

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SMITH, HAROLD
 PO BOX 336
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7014 1820 0001 7496 3342

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Harold Smith

B. Received by (Printed Name) C. Date of Delivery
 Harold Smith 9/20/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3335

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **ENCANA/BLANCO WASH**

OFFIC

MHP

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here

SEP 1 2014

Sent To
 Street & Apt. or PO Box No.
 City, State, ZIP

SMITH, HOWARD
 C/O LEVI SMITH
 PO BOX 405
 NAGEEZI, NM 87037

PS Form 3811

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SMITH, HOWARD
 C/O LEVI SMITH
 PO BOX 405
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7014 1820 0001 7496 3335

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Levi B Smith

B. Received by (Printed Name) C. Date of Delivery
 LEVI B. SMITH 9/16/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

268

7014 1820 0001 7496 3328

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

MHF

ENCANA/BLANCO WASH

For delivery information,

OFFICIAL

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To

Street & Apt. #
or PO Box No.
City, State, ZIP

SMITH, JOANNE
PO BOX 1851
FRUITLAND, NM 87416

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SMITH, JOANNE
PO BOX 1851
FRUITLAND, NM 87416

2. Article Number
(Transfer from service label)

7014 1820 0001 7496 3328

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) Joanne Smith
- C. Date of Delivery 9-19-14
- D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
- Certified Mail® Priority Mail Express™
- Registered Return Receipt for Merchandise
- Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Domestic Return Receipt

7014 1820 0001 7496 3311

U.S. Postal Service™ CERTIFIED MAIL® RECEIPT

Domestic Mail Only

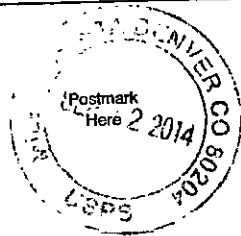
MHF

ENCANA/BLANCO WASH

For delivery information,

OFFICIAL

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To

Street & Apt. #
or PO Box No.
City, State, ZIP

SMITH, JOHNATHAN
1015 STATE AVE APT 1
ALAMOSA, CO 81101

PS Form 380

Letter returned

285

7014 1820 0001 7496 3304

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **ENCANA/BLANCO WASH**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here SEP 12 2014

Sent To
 Street & Apt. or PO Box No.
 City, State, Zi
SMITH, LEVI B
PO BOX 405
NAGEEZI, NM 87037

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SMITH, LEVI B
PO BOX 405
NAGEEZI, NM 87037

2. Article Number (Transfer from service label) **7014 1820 0001 7496 3304**

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X **Levi B Smith** Agent Addressee

B. Received by (Printed Name) **LEVI B SMITH**
 C. Date of Delivery **9/16/14**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3298

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **ENCANA/BLANCO WASH**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here SEP 12 2014

Sent To
 Street & Apt. N or PO Box No.
 City, State, ZIP
SMITH, MAE L
PO BOX 161
NAGEEZI, NM 87037

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SMITH, MAE L
PO BOX 161
NAGEEZI, NM 87037

2. Article Number (Transfer from service label) **7014 1820 0001 7496 3298**

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X **JOHN SMITH** Agent Addressee

B. Received by (Printed Name) **John Smith**
 C. Date of Delivery **9/16/14**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

286

7014 1820 0001 7496 3281

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MIHF
 For delivery information, visit **ENCANA/BLANCO WASH**

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 SEP 2 2014
 MESA HIGH STA DENVER CO 80204 USPS

Sent To
 SMITH, PHYLLIS
 153 S DEL RANCHO
 MESA, AZ 85208

PS Form 3800

7014 1820 0001 7496 3274

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 For delivery information, visit **ENCANA/BLANCO WASH**

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 SEP 12 2014
 MESA HIGH STA DENVER CO 80204 USPS

Sent To
 SMITH, ROLAND
 PO BOX 1676
 CROWNPOINT, NM 87313

PS Form 3800

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) Roland Smith C. Date of Delivery 9-18-14 D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
1. Article Addressed to:	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from service label) 7014 1820 0001 7496 3274	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

SMITH, ROLAND
 PO BOX 1676
 CROWNPOINT, NM 87313

PS Form 3811, July 2013 Domestic Return Receipt

287

7014 1820 0001 7496 3267

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

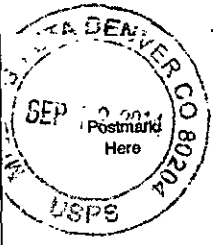
MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To
 Street & Apt. No., or PO Box No.
 City, State, ZIP+4

SMITH, STANLEY
 PO BOX 1943
 BLOOMFIELD, NM 87413

PS Form 3800, J



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SMITH, STANLEY
 PO BOX 1943
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Stanley Smith

B. Received by (Printed Name) C. Date of Delivery
 STANLEY Smith 9-15-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 3267

0526 1620 0001 7496 3250

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

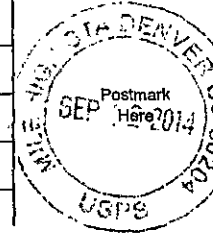
MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To
 Street & Apt. No., or PO Box No.
 City, State, ZIP+4

SOCE, ELEANOR G
 818 EAST MAIN #22
 FARMINGTON, NM 87401

PS Form 3800, J



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

SOCE, ELEANOR G
 818 EAST MAIN #22
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Eleanor Soce

B. Received by (Printed Name) C. Date of Delivery
 Eleanor Soce

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 3250

288

7014 1820 0001 7496 3243

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only


For delivery information, visit **OFFICIAL** ENCANA/BLANCO WASH MHF

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required) \$
Restricted Delivery Fee (Endorsement Required) \$
Total Postage & Fees \$

Sent To
Street & Apt. No., or PO Box No.
City, State, ZIP+4

STEVENSON, LORRAINE
42 ROAD 5297
FARMINGTON, NM 87401

PS Form 3800, July 2013



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

STEVENSON, LORRAINE
42 ROAD 5297
FARMINGTON, NM 87401

2. Article Number (Transfer from service label) 7014 1820 0001 7496 3243

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

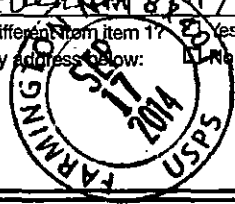
A. Signature Agent Addressee
X *Lorraine Stevenson*

B. Received by (Printed Name) Lorraine Stevenson
C. Date of Delivery 8/27/14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



7014 1820 0001 7496 3236

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**
Domestic Mail Only

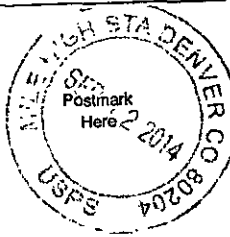
For delivery information, visit **OFFICIAL** ENCANA/BLANCO WASH MHF

Postage \$
Certified Fee \$
Return Receipt Fee (Endorsement Required) \$
Restricted Delivery Fee (Endorsement Required) \$
Total Postage & Fees \$

Sent To
Street & Apt. No. or PO Box No.
City, State, ZIP+4

STRUBLE, SHARON A
10606 TRIGGERS CRK
SAN ANTONIO, TX 78254

PS Form 3800, July 2013



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

STRUBLE, SHARON A
10606 TRIGGERS CRK
SAN ANTONIO, TX 78254

2. Article Number (Transfer from service label) 7014 1820 0001 7496 3236

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X *Sharon Struble*

B. Received by (Printed Name) Sharon Struble
C. Date of Delivery 9/16/14

D. Is delivery address different from item 1? Yes
If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

286

7014 1820 0001 7496 3229

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** MHF

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here: MILE HIGH STA DENVER CO 80204 JUL 2 2014

Sent To: SUMMA, VERNA
 Street & Apt. No. or PO Box No. PO BOX 303
 City, State, ZIP+ TOWAOC, CO 81334

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 SUMMA, VERNA
 PO BOX 303
 TOWAOC, CO 81334

2. Article Number (Transfer from service label): 7014 1820 0001 7496 3229

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *[Signature]* Agent Addressee

B. Received by (Printed Name): *Ronnie Summa* C. Date of Delivery: *9-17-11*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type: Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3212

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH** MHF

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here: MILE HIGH STA DENVER CO 80204 JUL 2 2014

Sent To: TACHINE, ANNA ROSE
 Street & Apt. No. or PO Box No. PO BOX 69
 City, State, ZIP+ CUBA, NM 87013

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 TACHINE, ANNA ROSE
 PO BOX 69
 CUBA, NM 87013

2. Article Number (Transfer from service label): 7014 1820 0001 7496 3212

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: X *Anna Tachine* Agent Addressee

B. Received by (Printed Name): *Anna Tachine* C. Date of Delivery: *9-19-11*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type: Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

296

7014 1820 0001 7496 3205

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **MIIF** ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 SEP 15 2014
 MILE HIGH STATE DENVER CO 80204

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP
 TAH, ISABEL R
 PO BOX 186
 CHURCH ROCK, NM 87311

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TAH, ISABEL R
 PO BOX 186
 CHURCH ROCK, NM 87311

2. Article Number
 (Transfer from service label)

7014 1820 0001 7496 3205

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
 X *Isabel Tah*
- B. Received by (Printed Name) *Isabel Tah* C. Date of Delivery *9-15-14*
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3199

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **MIIF** ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 SEP 17 2014
 MILE HIGH STATE DENVER CO 80204

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP
 TALAMANTE, MARILYN L
 PO BOX 921
 AZTEC, NM 87410

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TALAMANTE, MARILYN L
 PO BOX 921
 AZTEC, NM 87410

2. Article Number
 (Transfer from service label)

7014 1820 0001 7496 3199

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
 X *Marilyn L Talamante*
- B. Received by (Printed Name) *Marilyn L Talamante* C. Date of Delivery *SEP 17 2014*
- D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

291

7014 1820 0001 7496 3182

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, **OFFICE** MHF
 ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here: **SEP 2 2014**
 MILE HIGH STA DENVER CO 80204 USPS

Sent To: **TALLWOOD, CLAUDEEN**
PO BOX 944
NAVAJO, NM 87328

PS Form 3800, J

7014 1820 0001 7449 3175

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, **OFFICE** MHF
 ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here: **SEP 2 2014**
 MILE HIGH STA DENVER CO 80204 USPS

Sent To: **THOMAS, EVELYN W**
PO BOX 872
CHINLE, AZ 86503

PS Form 3800, J

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) Evelyn Thomas</p> <p>C. Date of Delivery 9-12-14</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>THOMAS, EVELYN W PO BOX 872 CHINLE, AZ 86503</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>70141820 0001 7449 3175</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

24

7014 1820 0001 7496 3168

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **MHF**
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

MILE HIGH STA DENVER CO 80204
 SEP 2 2014
 Postmark Here

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

THOMPSON, MAURICE
1912 PROSPECT NW
ALBUQUERQUE, NM 87104

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

THOMPSON, MAURICE
1912 PROSPECT NW
ALBUQUERQUE, NM 87104

2. Article Number (Transfer from service label) **7014 1820 0001 7496 3168**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Maurice Thompson

B. Received by (Printed Name) **Maurice Thompson** C. Date of Delivery **9-16-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 3151

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **MHF**
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

MILE HIGH STA DENVER CO 80204
 SEP 1 2014
 Postmark Here

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

THOMPSON, PAUL
BOX 1736
FARMINGTON, NM 87499

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

THOMPSON, PAUL
BOX 1736
FARMINGTON, NM 87499

2. Article Number (Transfer from service label) **7014 1820 0001 7496 3151**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
John Thompson

B. Received by (Printed Name) **John Thompson** C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

291

7014 1820 0001 7496 3144

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **ENCANA/BLANCO WASH** MHF

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 SEP 12 2014
 STA DENVER CO 80204
 USPS

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

**TODACHEENE, LULA C
 1676 HOLLYBERRY CT NE
 RIO RANCHO, NM 87144**

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**TODACHEENE, LULA C
 1676 HOLLYBERRY CT NE
 RIO RANCHO, NM 87144**

2. Article Number (Transfer from service label) **7014 1820 0001 7496 3144**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Jessica Obryen

B. Received by (Printed Name) **Jessica Obryen** C. Date of Delivery **9-15-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3137

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** **ENCANA/BLANCO WASH** MHF

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 SEP 12 2014
 STA DENVER CO 80204
 USPS

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

**TOLEDO ESTATE,
 DALPHINE
 PO BOX 831
 CUBA, NM 87013**

PS Form 3800

Return

244

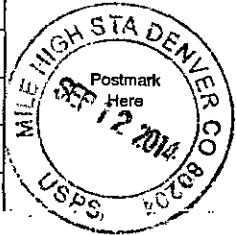
7014 1820 0001 7496 3120

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF
 ENCANA/BLANCO WASH

For delivery information, visit **OFFIC**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
 TOLEDO, ALBERT L
 PO BOX 1180
 CUBA, NM 87013

Street & Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, J

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOLEDO, ALBERT L
 PO BOX 1180
 CUBA, NM 87013

2. Article Number
 (Transfer from service label) 7014 1820 0001 7496 3120

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Jose Maty

B. Received by (Printed Name) *Jesse Martinez* C. Date of Delivery *9/16/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt


7014 1820 0001 7496 3123

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

MHF
 ENCANA/BLANCO WASH

For delivery information, visit **OFFIC**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
 TOLEDO, ANDY
 HCR 79 BOX 3089
 CUBA, NM 87013

Street & Apt. No., or PO Box No.
 City, State, ZIP+4

PS Form 3800, J

245

7014 1820 0001 7496 3106

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 MILITARY MAIL
 DENVER CO 80204
 SEP 12 2014
 USPS

Sent To
TOLEDO, CAROLINE
5683B ROUTE 9
CUBA, NM 87013

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
TOLEDO, CAROLINE
5683B ROUTE 9
CUBA, NM 87013

2. Article Number (Transfer from service label) **7014 1820 0001 7496 3106**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Caroline Toledo

B. Received by (Printed Name) C. Date of Delivery
Caroline Toledo **9-15-14**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3090

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFICIAL** **ENCANA/BLANCO WASH**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 MILITARY MAIL
 DENVER CO 80204
 SEP 12 2014
 USPS

Sent To
TOLEDO, DAVID
C/O NELLIE TOLEDO POA
HCR 79 BOX 3065
CUBA, NM 87013

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
TOLEDO, DAVID
C/O NELLIE TOLEDO POA
HCR 79 BOX 3065
CUBA, NM 87013

2. Article Number (Transfer from service label) **7014 1820 0001 7496 3090**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Ranelda Griffith

B. Received by (Printed Name) C. Date of Delivery
Ranelda Griffith **9-17-14**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

251

7014 1820 0001 7496 3083

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 MILK HIGH STA DENVER CO 80204
 SEP 2 2014
 USPS

Sent To
 Street & Apt. No., or PO Box No.
 City, State, ZIP+4

TOLEDO, DOROTHY M
 HCR 79 BOX 8
 CUBA, NM 87013

PS Form 3800, J

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOLEDO, DOROTHY M
 HCR 79 BOX 8
 CUBA, NM 87013

2. Article Number
 (Transfer from service label)

7014 1820 0001 7496 3083

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Ryan Priest Agent Addressee

B. Received by (Printed Name) *Ryan Priest* C. Date of Delivery *9/15/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3076

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF
 ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 MILK HIGH STA DENVER CO 80204
 SEP 1 2014
 USPS

Sent To
 Street & Apt. No., or PO Box No.
 City, State, ZIP+4

TOLEDO, EVANGELINE
 PO BOX 1781
 CUBA, NM 87013

PS Form 3800, J

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOLEDO, EVANGELINE
 PO BOX 1781
 CUBA, NM 87013

2. Article Number
 (Transfer from service label)

7014 1820 0001 7496 3076

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Evangelina Toledo Agent Addressee

B. Received by (Printed Name) *Evangelina Toledo* C. Date of Delivery *9/16/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

247

7014 1820 0001 7496 3069

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 ENCANA/BLANCO WASH

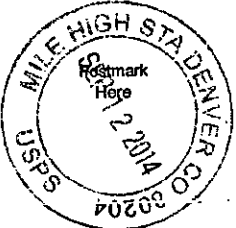
For delivery information, visit **OFFIC**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

TOLEDO, FREDDIE
 5683 B ROUTE 9
 CUBA, NM 87013-6023

PS Form 3800



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOLEDO, EREDDIE
 5683 B ROUTE 9
 CUBA, NM 87013-6023

2. Article Number (Transfer from service label) **7014 1820 0001 7496 3069**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Caroline J. [Signature]

B. Received by (Printed Name) *Caroline Toledo* C. Date of Delivery *9-15-14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3052

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

MHF
 ENCANA/BLANCO WASH


For delivery information, visit **OFFIC**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

TOLEDO, GEORGE B
 PO BOX 1255
 CUBA, NM 87013

PS Form 3800



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOLEDO, GEORGE B
 PO BOX 1255
 CUBA, NM 87013

2. Article Number (Transfer from service label) **7014 1820 0001 7496 3052**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Georgianne T. [Signature]

B. Received by (Printed Name) *Georgianne T.* C. Date of Delivery *9-16-14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

298

7014 1820 0001 7496 3045

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

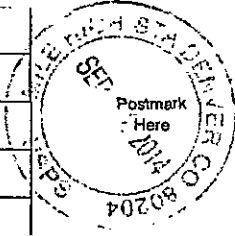
Domestic Mail Only

For delivery information, visit

MHF
ENCANA/BLANCO WASH

OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
 Street & Apt. No.,
 or PO Box No.
 City, State, ZIP+4

TOLEDO, GLADYS
 HCR 79 BOX 3022
 CUBA, NM 87013

PS Form 3800

7014 1820 0001 7496 3038

**U.S. Postal Service™
CERTIFIED MAIL® RECEIPT**

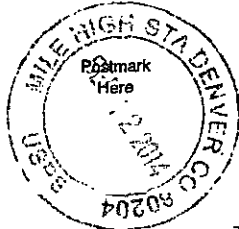
Domestic Mail Only

For delivery information, visit

MHF
ENCANA/BLANCO WASH

OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
 Street & Apt. No.
 or PO Box No.
 City, State, ZIP

TOLEDO, JENNIE
 HCR 79 BOX 3011
 CUBA, NM 87013

PS Form 3800


299

7014 1820 0001 7496 3007

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC** **ENCANA/BLANCO WASH** **MHF**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here


Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

TOLEDO, LEO
PO BOX 1706
CUBA, NM 87013

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOLEDO, LEO
PO BOX 1706
CUBA, NM 87013

2. Article Number
 (Transfer from service label) **7014 1820 0001 7496 3007**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee
X Michael Toledo

B. Received by (Printed Name) **Michael Toledo** C. Date of Delivery **9/15/14**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

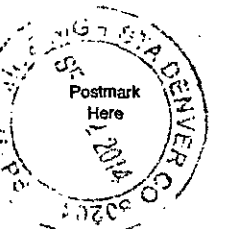
PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 2994

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
Domestic Mail Only

For delivery information, visit **OFFIC** **ENCANA/BLANCO WASH** **MHF**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here


Sent To
 Street & Apt. No. or PO Box No.
 City, State, ZIP+4

TOLEDO, LORRAINE
HCR 79 BOX 3021
CUBA, NM 87013

PS Form 3800

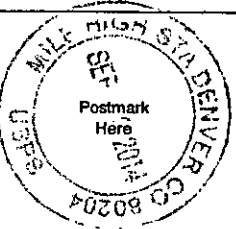
7014 1820 0001 7496 2987

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC**

MHF
 ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
 Street & Apt. No., or PO Box No.
 City, State, ZIP+4

TOLEDO, LYNN
 PO BOX 1288
 CUBA, NM 87013

PS Form 3800, J

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOLEDO, LYNN
 PO BOX 1288
 CUBA, NM 87013

2. Article Number (Transfer from service label) **7014 1820 0001 7496 2987**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Marilyn Toledo* Agent Addressee

B. Received by (Printed Name) *Marilyn Toledo* C. Date of Delivery *9/15/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes


7013 2630 0001 1442 0543

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC**

MHF
 ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

TOLEDO, MARILYN
 PO BOX 1288
 CUBA, NM 87013

PS Form 3800, J

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOLEDO, MARILYN
 PO BOX 1288
 CUBA, NM 87013

2. Article Number (Transfer from service label) **7013 2630 0001 1442 0543**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x *Marilyn Toledo* Agent Addressee

B. Received by (Printed Name) *Marilyn Toledo* C. Date of Delivery *9/15/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

301

7013 2630 0001 1455 5450

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 WILEY HIGH STA DENVER CO 80204
 SEP 12 2014
 USPS

Sent To
 TOLEDO, MARY J
 PO BOX 1046
 CUBA, NM 87013

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOLEDO, MARY J
 PO BOX 1046
 CUBA, NM 87013

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Kenneth G...* Agent Addressee

B. Received by (Printed Name) *Kenneth G...* C. Date of Delivery *9-16-14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 2630 0001 1455 5450

PS Form 3811, July 2013 Domestic Return Receipt

7014 1820 0001 7496 3021

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only
 MHF
 For delivery information, visit **ENCANA/BLANCO WASH**
OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 WILEY HIGH STA DENVER CO 80204
 SEP 12 2014
 USPS

Sent To
 TOLEDO, MICHAEL
 PO BOX 1706
 CUBA, NM 87013

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TOLEDO, MICHAEL
 PO BOX 1706
 CUBA, NM 87013

2. Article Number (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Michael Cole* Agent Addressee

B. Received by (Printed Name) *Michael Cole* C. Date of Delivery *9/15/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7014 1820 0001 7496 3021

PS Form 3811, July 2013 Domestic Return Receipt

302

7014 1620 0001 7496 3014

U.S. Postal Service™
CERTIFIED MAIL® RECEIPT
 Domestic Mail Only

For delivery information, visit **OFFIC** ENCANA/BLANCO WASH **MHF**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 12 2014
 USPS

Sent To
 TOLEDO, NATASHIA R
 PO BOX 2276
 FARMINGTON, NM 87499

PS Form 3800, A

7012 2920 0002 1086 4181

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC** ENCANA/BLANCO WASH **MHF**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 12 2014
 USPS

Sent To
 TOLEDO, NELLIE
 HCR 79 BOX 3065
 CUBA, NM 87013

PS Form 3800, A

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><i>Ranelda Griffith</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery</p> <p><i>Ranelda Griffith</i> <i>9-17-14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>TOLEDO, NELLIE HCR 79 BOX 3065 CUBA, NM 87013</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7012 2920 0002 1086 4181</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>

PS Form 3811, July 2013

Domestic Return Receipt

303

7012 2920 0002 1086 4174

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MIIF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 MILE HIGH STA DENVER CO 80224
 SEP 2 2014
 USPS

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP
TOLEDO, NELSON
PO BOX 1706
CUBA, NM 87013

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
TOLEDO, NELSON
PO BOX 1706
CUBA, NM 87013

2. Article Number (Transfer from service label) **7012 2920 0002 1086 4174**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Michael Toledo

B. Received by (Printed Name) **Michael Toledo** C. Date of Delivery **9/15/14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7012 2920 0002 1086 4167

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MIIF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 MILE HIGH STA DENVER CO 80224
 SEP 1 2 2014
 USPS

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP
TOLEDO, PETTERSON J
PO BOX 2172
CUBA, NM 87013

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
TOLEDO, PETTERSON J
PO BOX 2172
CUBA, NM 87013

2. Article Number (Transfer from service label) **7012 2920 0002 1086 4167**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Verona Toledo

B. Received by (Printed Name) **Verona Toledo** C. Date of Delivery **9/15/14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt


304

7013 3020 0002 1796 2984

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC** ENCANA/BLANCO WASH
 MHF

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To: TOLEDO, RAMONA K
 PO BOX 2365
 BLOOMFIELD, NM 87413

PS Form 380

7013 3020 0002 1796 2977

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC** ENCANA/BLANCO WASH
 MHF

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To: TOLEDO, RANDY
 HCR 79 BOX 3010
 CUBA, NM 87013

PS Form 380

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature X <i>Randy Toledo</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Randy Toledo</i></p> <p>C. Date of Delivery <i>9/17/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>TOLEDO, RANDY HCR 79 BOX 3010 CUBA, NM 87013</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7013 3020 0002 1796 2977</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

305

7013 3020 0002 1796 2960

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

MILE HIGH STA. DENVER CO 80204
 SEP 17 2014
 Postmark Here
 USPS

Sent To
 TOLEDO, RUDY
 BOX 1374
 CUBA, NM 87013

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 TOLEDO, RUDY
 BOX 1374
 CUBA, NM 87013

2. Article Number
(Transfer from service label) 7013 3020 0002 1796 2960

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Mary Taled* Agent Addressee

B. Received by *(Printed Name)* *Mary Taled* C. Date of Delivery *9-15-14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* Yes

7013 3020 0002 1796 2953

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

MILE HIGH STA. DENVER CO 80204
 SEP 16 2014
 Postmark Here
 USPS

Sent To
 TOLEDO, THEDA J
 PO BOX 2712
 FORT DEFIANCE, AZ 86504

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 TOLEDO, THEDA J
 PO BOX 2712
 FORT DEFIANCE, AZ 86504

2. Article Number
(Transfer from service label) 7013 3020 0002 1796 2953

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *John Jones* Agent Addressee

B. Received by *(Printed Name)* *John Jones* C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? *(Extra Fee)* Yes

204

7013 3020 0002 1796 2946

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **ENCANA/BLANCO WASH**

OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 12 2014
 USPS

Sent To
 TRUJILLO JR, WILSON
 506 WEST MAPLE
 FARMINGTON, NM 87401

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 TRUJILLO JR, WILSON
 506 WEST MAPLE
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7013 3020 0002 1796 2946**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Mary Martinez

B. Received by (Printed Name) Date of Delivery
 MARY MARTINEZ 9/15/14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 15 2014
 USPS

7013 3020 0002 1796 2939

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **ENCANA/BLANCO WASH**

OFFIC

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 16 2014
 USPS

Sent To
 TRUJILLO, ALVIN
 45A RD 5295
 FARMINGTON, NM 87401

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 TRUJILLO, ALVIN
 45A RD 5295
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7013 3020 0002 1796 2939**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Alvin Trujillo

B. Received by (Printed Name) C. Date of Delivery
 Alvin Trujillo

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 16 2014
 USPS

301

7013 3020 0002 1796 2922

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 WILE HIGH STA DENVER CO 80204
 SEP 12 2014

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
 TRUJILLO, ARNOLD
 C/O SUPERINTENDENT
 PO BOX 328
 CROWNPOINT, NM 87313

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 TRUJILLO, ARNOLD
 C/O SUPERINTENDENT
 PO BOX 328
 CROWNPOINT, NM 87313

2. Article Number (Transfer from service label): 7013 3020 0002 1796 2922

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Loretta Barbone Agent Addressee

B. Received by (Printed Name): Loretta Barbone C. Date of Delivery: 9/16/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 3020 0002 1796 2915

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 WILE HIGH STA DENVER CO 80204
 SEP 12 2014

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
 TRUJILLO, ELENA
 3805 S 100 W
 NIBLEY, UT 84321

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 TRUJILLO, ELENA
 3805 S 100 W
 NIBLEY, UT 84321

2. Article Number (Transfer from service label): 7013 3020 0002 1796 2915

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Elena Trujillo Agent Addressee

B. Received by (Printed Name): Elena Trujillo C. Date of Delivery: 9/15/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

309

7013 3020 0002 1796 2908

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICE** ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

MILE HIGH STA DENVER CO 80204
 SEP 2 2014
 Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

TRUJILLO, ELVINA B
 PO BOX 108
 NAGEEZI, NM 87037

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 TRUJILLO, ELVINA B
 PO BOX 108
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7013 3020 0002 1796 2908

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X E.T.

B. Received by (Printed Name) C. Date of Delivery
 Elva Trujillo 9/17/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 3020 0002 1796 2892

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFICE** ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

MILE HIGH STA DENVER CO 80204
 SEP 2 2014
 Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

TRUJILLO, ELVIRA A
 PO BOX 108
 NAGEEZI, NM 87037

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 TRUJILLO, ELVIRA A
 PO BOX 108
 NAGEEZI, NM 87037

2. Article Number (Transfer from service label) 7013 3020 0002 1796 2892

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X E.T.

B. Received by (Printed Name) C. Date of Delivery
 Elva Trujillo 9/17/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

309

7013 3020 0002 1796 2885

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

MILE HIGH STA DENVER CO 80204
 Postmark Here **SEP 12 2014**
 USPS

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
TRUJILLO, ENA H
PO BOX 108
NAGEEZI, NM 87037

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
TRUJILLO, ENA H
PO BOX 108
NAGEEZI, NM 87037

2. Article Number (Transfer from service label) **7013 3020 0002 1796 2885**

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X **Ena H**

B. Received by (Printed Name) **Ena H** C. Date of Delivery **9/17/14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 3020 0002 1796 2878

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

MILE HIGH STA DENVER CO 80204
 Postmark Here **SEP 12 2014**
 USPS

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
TRUJILLO, ERNIE
#18 RD 3935
FARMINGTON, NM 87401

PS Form 3800, A

7013 3020 0002 1796 2861

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 ENCANA/BLANCO WASH

For delivery information visit **OFFICE**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

MILE HIGH STA DENVER CO 80204
 SEP 16 2014
 Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
TRUJILLO, ERVIN
2 CR 1738
FARMINGTON, NM 87401

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
TRUJILLO, ERVIN
2 CR 1738
FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7013 3020 0002 1796 2861**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Crystal Trujillo

B. Received by (Printed Name) **Crystal Trujillo** C. Date of Delivery **9-16-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

MILE HIGH STA DENVER CO 80204
 SEP 16 2014
 Postmark Here

7013 3020 0002 1796 2854

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 ENCANA/BLANCO WASH

For delivery information visit **OFFICE**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

MILE HIGH STA DENVER CO 80204
 SEP 16 2014
 Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4
TRUJILLO, IRENE
3704 LADERA ROAD
APT 428
ALBUQUERQUE, NM 87120

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
TRUJILLO, IRENE
3704 LADERA ROAD
APT 428
ALBUQUERQUE, NM 87120

2. Article Number (Transfer from service label) **7013 3020 0002 1796 2854**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Irene Trujillo

B. Received by (Printed Name) **Irene Trujillo** C. Date of Delivery **9/17**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

311

7013 3020 0002 1796 2847

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **OFFICIAL** ENCANA/BLANCO WASH

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

TRUJILLO, KATHERINE E
 PO BOX 935
 BLOOMFIELD, NM 87413

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TRUJILLO, KATHERINE E
 PO BOX 935
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7013 3020 0002 1796 2847

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *[Signature]* Agent Addressee

B. Received by (Printed Name) *Caramel Trujillo* C. Date of Delivery 9-17-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 3020 0002 1796 2830

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **OFFICIAL** ENCANA/BLANCO WASH

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

TSO, ANNETTE L
 PO BOX 1491
 PENA BLANCA, NM 87041

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TSO, ANNETTE L
 PO BOX 1491
 PENA BLANCA, NM 87041

2. Article Number (Transfer from service label) 7013 3020 0002 1796 2830

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *[Signature]* Agent Addressee

B. Received by (Printed Name) *Lyle TSO* C. Date of Delivery 9/17/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

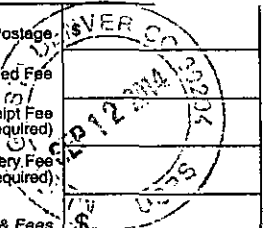
4. Restricted Delivery? (Extra Fee) Yes

312

7013 3020 0002 1796 2823

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

Postage			Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To: **TSO, DOROTHY**
 2011 TROY KING RD
 TRLR 200
 FARMINGTON, NM 87401

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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: *X Hel...* Agent Addressee

B. Received by (Printed Name): *Helen Anderson*

C. Date of Delivery: *SEP 17 2014*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below

1. Article Addressed to:
 TSO, DOROTHY
 2011 TROY KING RD
 TRLR 200
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label): **7013 3020 0002 1796 2823**

3. Service Type
 Certified Mail® Priority Mail Express®
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

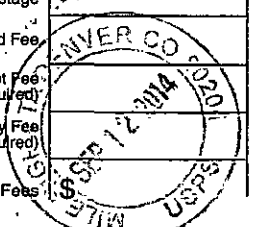
4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

7012 2920 0002 1086 4150

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To: **TSO, LITA M**
 PO BOX 123
 GAMERCO, NM 87317

PS Form 3800, A

7012 2920 0002 1086 4136

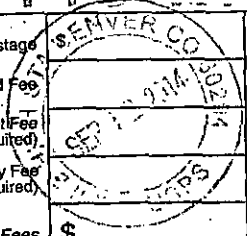
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit usps.com

MIFF ENCANA/BLANCO WASH

OFFIC

Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$



Postmark
Here

Sent To

TSOSIE, BERTHA
3649 CHICAGO AVE S APT 2
MINNEAPOLIS, MN 55407

Street, Apt. No.,
or PO Box No.
City, State, ZIP+

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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
X Agent
 Addressee

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

1. Article Addressed to:

TSOSIE, BERTHA
3649 CHICAGO AVE S APT 2
MINNEAPOLIS, MN 55407

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7012 2920 0002 1086 4136

PS Form 3811, July 2013

Domestic Return Receipt

7012 2920 0002 1086 4143

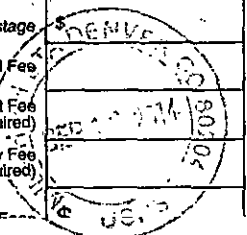
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit usps.com

MIFF ENCANA/BLANCO WASH

OFFIC

Postage
Certified Fee
Return Receipt Fee
(Endorsement Required)
Restricted Delivery Fee
(Endorsement Required)
Total Postage & Fees \$



Postmark
Here

Sent To

TSOSIE SR, JOE
126 EAST MAIN
FARMINGTON, NM 87401

Street, Apt. No.
or PO Box No.
City, State, ZIP+

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so 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
X Agent
 Addressee

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

1. Article Addressed to:

TSOSIE SR, JOE
126 EAST MAIN
FARMINGTON, NM 87401

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

7012 2920 0002 1086 4143

PS Form 3811, July 2013

Domestic Return Receipt

314

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information ENCANA/BLANCO WASH

7012 2920 0002 1086 4129

OFFICE

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, Apt. No. or PO Box No.
 City, State, Zi

TSOSIE, BRENDA
 COUNTY ROAD 5364 #20
 FARMINGTON, NM 87401

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TSOSIE, BRENDA
 COUNTY ROAD 5364 #20
 FARMINGTON, NM 87401

2. Article Number
 (Transfer from service label) 7012 2920 0002 1086 4129

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Brenda Tsosie Agent Addressee

B. Received by (Printed Name) Brenda Tsosie C. Date of Delivery 9/15/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information ENCANA/BLANCO WASH

7012 2920 0002 1086 4112

OFFICE

Postage
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, Apt. No. or PO Box No.
 City, State, Zi

TSOSIE, CARLENE
 C/O ELVIRA P. TSOSIE
 PO BOX 2825
 GALLUP, NM 87305

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TSOSIE, CARLENE
 C/O ELVIRA P. TSOSIE
 PO BOX 2825
 GALLUP, NM 87305

2. Article Number
 (Transfer from service label) 7012 2920 0002 1086 4112

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 [Signature] Agent Addressee

B. Received by (Printed Name) C. Date of Delivery 9/17/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

315

7012 2920 0002 1086 4105

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

TSOSIE, ELVIRA P
 PO BOX 2825
 GALLUP, NM 87305

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TSOSIE, ELVIRA P
 PO BOX 2825
 GALLUP, NM 87305

2. Article Number (Transfer from service label) 7012 2920 0002 1086 4105

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery 9/17/14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7012 2920 0002 1086 3375

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

Postage		Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees		

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

TSOSIE, ERNESTINE
 338 W YUMA ST
 PHOENIX, AZ 85003

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TSOSIE, ERNESTINE
 338 W YUMA ST
 PHOENIX, AZ 85003

2. Article Number (Transfer from service label) 7012 2920 0002 1086 3375

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery 7/17/13

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

314

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFIC**
 MHF
 ENCANA/BLANCO WASH

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+

TSOSIE, EVANGELINE
 PO BOX 2482
 FARMINGTON, NM 87499

PS Form 3800

7012 2920 0002 1086 3368

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 TSOSIE, EVANGELINE
 PO BOX 2482
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label) **7012 2920 0002 1086 3368**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage)
 For delivery information visit **OFFIC**
 MHF
 ENCANA/BLANCO WASH

Postage \$
 Certified Fee \$
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+

TSOSIE, JERIMIAH
 PO BOX 2825
 GALLUP, NM 87305

PS Form 3800

7012 2920 0002 1086 3351

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 TSOSIE, JERIMIAH
 PO BOX 2825
 GALLUP, NM 87305

2. Article Number (Transfer from service label) **7012 2920 0002 1086 3351**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery
 D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

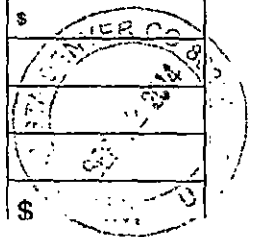
PS Form 3811, July 2013 Domestic Return Receipt

317

7012 2920 0002 1086 3344

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit usps.com ENCANA/BLANCO WASH

OFFICE

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To
 Street, Apt. No. or PO Box No.
 City, State, Zip

TSOSIE, JOANNE
 126 E MAIN
 FARMINGTON, NM 87401

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TSOSIE, JOANNE
 126 E MAIN
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label): 7012 2920 0002 1086 3344

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *Luenda Sique* C. Date of Delivery: *9-17-11*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

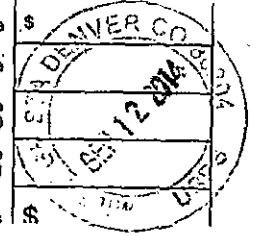
3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7012 2920 0002 1086 3337

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit usps.com ENCANA/BLANCO WASH

OFFICE

Postage	\$		Postmark Here
Certified Fee			
Return Receipt Fee (Endorsement Required)			
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$		

Sent To
 Street, Apt. No. or PO Box No.
 City, State, Zip

TSOSIE, JODY
 PO BOX 2825
 GALLUP, NM 87305

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

TSOSIE, JODY
 PO BOX 2825
 GALLUP, NM 87305

2. Article Number (Transfer from service label): 7012 2920 0002 1086 3337

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: *9-17-11*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

319

7012 2920 0002 1086 3320

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To: **TSOSIE, JOE**
 Street, Apt. No. or PO Box No: **126 EAST MAIN**
 City, State, Zip: **FARMINGTON, NM 87401**

PS Form 3801

Letter Returned

7012 2920 0002 1086 3313

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

Postmark Here

Sent To: **TSOSIE, KENDRICK**
 Street, Apt. No. or PO Box No: **C/O ELVIRA P. TSOSIE**
 City, State, Zip: **PO BOX 2825 GALLUP, NM 87305**

PS Form 3801

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
TSOSIE, KENDRICK
C/O ELVIRA P. TSOSIE
PO BOX 2825
GALLUP, NM 87305

2. Article Number (Transfer from service label): **7012 2920 0002 1086 3313**

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *[Signature]* Agent Addressee

B. Received by (Printed Name): *[Signature]* C. Date of Delivery: **9.17.11**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

319

7012 2925 0002 1086 3306

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC**
 MHF ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 SEP 12 2014
 HIGH STATE DENVER CO MO 2

Sent To
 TSOSIE, RACHEL J
 PO BOX 2825
 GALLUP, NM 87305

Street, Apt. No. or PO Box No.
 City, State, ZIP

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 TSOSIE, RACHEL J
 PO BOX 2825
 GALLUP, NM 87305

2. Article Number (Transfer from service label) 7012 2925 0002 1086 3306

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery 9-17-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7012 2920 0002 1086 3290

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC**
 MHF ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here
 SEP 16 2014
 HIGH STATE FARMINGTON NM 8

Sent To
 VALDEZ, MARILYN A
 PO BOX 1514
 FARMINGTON, NM 87499

Street, Apt. No. or PO Box No.
 City, State, ZIP+4

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 VALDEZ, MARILYN A
 PO BOX 1514
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label) 7012 2920 0002 1086 3290

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

320

7012 2920 0002 1086 3283

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC**

MHF ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 SEP 12 2014
 WILEY HIGH STA DENVER CO 80202

Sent To
 VALDEZ, VIRGINIA
 3651 S ARVILLE ST #153
 LAS VEGAS, NV 89103

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 VALDEZ, VIRGINIA
 3651 S ARVILLE ST #153
 LAS VEGAS, NV 89103

2. Article Number
 (Transfer from service label) 7012 2920 0002 1086 3283

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Virginia Valdez Agent Addressee

B. Received by (Printed Name)
 Virginia Valdez

C. Date of Delivery
 SEP 12 2014

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7012 2920 0002 1086 3276

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC**

MHF ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 SEP 12 2014
 WILEY HIGH STA DENVER CO 80202

Sent To
 VAN WINKLE, INA
 PO BOX 1336
 FRUITLAND, NM 87416

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 VAN WINKLE, INA
 PO BOX 1336
 FRUITLAND, NM 87416

2. Article Number
 (Transfer from service label) 7012 2920 0002 1086 3276

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
Ina Van Winkle Agent Addressee

B. Received by (Printed Name)
 Ina Van Winkle

C. Date of Delivery
 SEP 17 2014

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

692E 190T 2000 1086 3269

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC** MHF ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 12 2014
 USPS

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

VICTOR SR, DAN
 1201 SAN PEDRO DR SE #24
 ALBUQUERQUE, NM 87108

PS Form 3800, 1s

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VICTOR SR, DAN
 1201 SAN PEDRO DR SE #24
 ALBUQUERQUE, NM 87108

2. Article Number (Transfer from service label) 7012 2920 0002 1086 3269

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Dan Victor

B. Received by (Printed Name) DAN VICTOR C. Date of Delivery 9-17-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7012 1710 0001 8862 0908

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **OFFIC** MHF ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 2 2014
 USPS

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

VICTOR, CAROLINE
 600 W BLANCO BLVD #29
 BLOOMFIELD, NM 87413

PS Form 3800, 1s

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

NOTIFY SENDER OF NEW ADDRESS
 VICTOR CAROLINE
 PO BOX 356
 BLOOMFIELD NM 87413-0356
 BC: 87413035656 8820-03804-12-45

2. Article Number (Transfer from service label) 7013 1710 0001 8862 0908

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Caroline Victor

B. Received by (Printed Name) Caroline Victor C. Date of Delivery 9-22-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

press™ for Merchandise Delivery Yes

32

7013 1710 0001 8862 0892

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **OFFIC** ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 12 2014

Sent To
 VICTOR, DAN
 1201 SAN PEDRO DR SE
 ALBUQUERQUE, NM 87108

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VICTOR, DAN
 1201 SAN PEDRO DR SE
 ALBUQUERQUE, NM 87108

2. Article Number
 (Transfer from service label) 7013 1710 0001 8862 0892

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) **DAN VICTOR** C. Date of Delivery **9-17-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 1710 0001 8862 0885

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **OFFIC** ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 MILE HIGH STA DENVER CO 80204
 SEP 12 2014

Sent To
 VICTOR, DANNY
 126 EAST MAIN
 FARMINGTON, NM 87401

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VICTOR, DANNY
 126 EAST MAIN
 FARMINGTON, NM 87401

2. Article Number
 (Transfer from service label) 7013 1710 0001 8862 0885

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

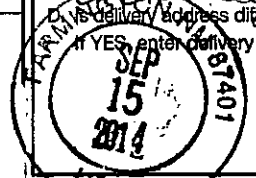
A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



32

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **ENCANA/BLANCO WASH**

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

MILE HIGH ST. DENVER CO 80204
 SEP 12 2014
 USPS
 Postmark Here

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

VICTOR, DANNY H
PO BOX 5190
FARMINGTON, NM 87499

PS Form 3800

7013 1710 0001 8862 0878

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VICTOR, DANNY H
PO BOX 5190
FARMINGTON, NM 87499

2. Article Number (Transfer from service label) **7013 1710 0001 8862 0878**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Danny Victor

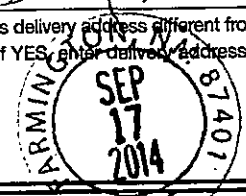
B. Received by (Printed Name) **Danny Victor** C. Date of Delivery **9-17-14**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

Service Type **USPS**
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt



U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **ENCANA/BLANCO WASH**

Postage \$
 Certified Fee
 Return Receipt Fee (Endorsement Required)
 Restricted Delivery Fee (Endorsement Required)
 Total Postage & Fees \$

MILE HIGH ST. DENVER CO 80204
 SEP 12 2014
 USPS
 Postmark Here

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

VICTOR, DARLENE
717 RUTH LN, APT 402
BLOOMFIELD, NM 87413

PS Form 3800

7013 1710 0001 8862 0861

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

VICTOR, DARLENE
717 RUTH LN, APT 402
BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) **7013 1710 0001 8862 0861**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Darlene Victor

B. Received by (Printed Name) **Darlene Victor** C. Date of Delivery **9/15/14**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

32

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **ENCANA/BLANCO WASH OFFIC**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

DENVER, CO
 SEP 12 2014
 Postmark Here
 USPS 80202

Sent To
VICTOR, IRENE
 99 SCORPIOS ISLAND ST
 HENDERSON, NV 89012

PS Form 3811, July 2013

7013 1710 0001 8862 0854

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
VICTOR, IRENE
99 SCORPIOS ISLAND ST
HENDERSON, NV 89012

2. Article Number (Transfer from service label) **7013 1710 0001 8862 0854**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Irene Victor* Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery **9/18/14**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **ENCANA/BLANCO WASH OFFIC**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

DENVER, CO
 SEP 12 2014
 Postmark Here
 USPS 80202

Sent To
VICTOR, KENNETH
 PO BOX 1072
 TEECNOSPOS, AZ 86514

PS Form 3811, July 2013

7013 1710 0001 8862 0847

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
VICTOR, KENNETH
PO BOX 1072
TEECNOSPOS, AZ 86514

2. Article Number (Transfer from service label) **7013 1710 0001 8862 0847**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Lisa Upshaw* Agent Addressee

B. Received by (Printed Name) **LISA UPSHAW** C. Date of Delivery **9/16/14**

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

321

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit www.usps.com ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 DENVER, CO
 SEP 12 2014
 USPS 80202

Sent To
 Street, Apt. No. or PO Box No.
 City, State, Zi
 VICTOR, RANDELL
 PO BOX 291
 BLOOMFIELD, NM 87413

PS Form 3800

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit www.usps.com ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 DENVER, CO
 SEP 12 2014
 USPS 80202

Sent To
 Street, Apt. No. or PO Box No.
 City, State, Zi
 VICTOR, SAMUEL
 PO BOX 291
 BLOOMFIELD, NM 87413

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 VICTOR, RANDELL
 PO BOX 291
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)
 7013 1710 0001 8862 0830

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Randall Victor* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 RANDALL VICTOR 9-15-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 VICTOR, SAMUEL
 PO BOX 291
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label)
 7013 1710 0001 8862 0823

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Randall Victor* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 RANDALL VICTOR 9-15-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

321

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here: SEP 18 2014 DENVER CO

Sent To: **VICTOR, STANLEY**
 BOX 1437
 SHIPROCK, NM 87420

PS Form 3811

7013 1710 0001 8862 0816

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
VICTOR, STANLEY
BOX 1437
SHIPROCK, NM 87420

2. Article Number
 (Transfer from service label) **7013 1710 0001 8862 0816**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Stanley Victor Agent Addressee

B. Received by (Printed Name) *Stanley Victor* C. Date of Delivery *9/15/14*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here: SEP 17 2014 DENVER CO

Sent To: **VOLKER, VERNA N**
 6021 14TH AVE SOUTH
 MINNEAPOLIS, MN 55417

PS Form 3811

5080 2988 1000 8862 0816

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
VOLKER, VERNA N
6021 14TH AVE SOUTH
MINNEAPOLIS, MN 55417

2. Article Number
 (Transfer from service label) **5080 2988 1000 8862 0816**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Verna Volker Agent Addressee

B. Received by (Printed Name) *Verna Volker* C. Date of Delivery *9/15*

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013 Domestic Return Receipt

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **OFFIC** ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 SEP 12 2014
 DENVER, CO
 USPS 80202

Sent To
 Street, Apt. No. or PO Box No.
 City, State, Z

WATSON, MARY H
 PO BOX 658
 AZTEC, NM 87410

PS Form 3800

7013 1710 0001 8862 0793

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WATSON, MARY H
 PO BOX 658
 AZTEC, NM 87410

2. Article Number (Transfer from service label) 7013 1710 0001 8862 0793

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Mary Watson

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Postmark Here
 SEP 15 2014
 DENVER, CO
 USPS 80202

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **OFFIC** ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark Here
 SEP 12 2014
 DENVER, CO
 USPS 80202

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP+

WAUNKA, NELSON
 PO BOX 756
 FORT DEFIANCE, AZ 86504

PS Form 3800, A

7013 1710 0001 8862 0786

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WAUNKA, NELSON
 PO BOX 756
 FORT DEFIANCE, AZ 86504

2. Article Number (Transfer from service label) 7013 1710 0001 8862 0786

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Nelson Waunka

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below: _____

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Postmark Here
 SEP 15 2014
 DENVER, CO
 USPS 80202

7013 1710 0001 8862 0779

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHP

For delivery information visit **ENCANA/BLANCO WASH OFFIC**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here: **SEP 12 2014 DENVER CO USPS 80202**

Sent To: **WEEDER, ALICE**
 Street, Apt. No., or PO Box No.: **PO BOX 286**
 City, State, ZIP+4: **LAGUNA, NM 87026**

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WEEDER, ALICE
PO BOX 286
LAGUNA, NM 87026

2. Article Number (Transfer from service label) **7013 1710 0001 8862 0779**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **x Ray Wecker** Agent Addressee

B. Received by (Printed Name) **Ray Wecker** C. Date of Delivery **9-15-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 1710 0001 8862 0762

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHP

For delivery information visit **ENCANA/BLANCO WASH OFFIC**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here: **SEP 16 2014 DENVER CO USPS 80202**

Sent To: **WERITO, RITA A**
 Street, Apt. No., or PO Box No.: **809 S MESA VERDE AVE**
 City, State, ZIP+4: **FARMINGTON, NM 87401**

PS Form 3800, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WERITO, RITA A
809 S MESA VERDE AVE
FARMINGTON, NM 87401

2. Article Number (Transfer from service label) **7013 1710 0001 8862 0762**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature **x Bobby Werto** Agent Addressee

B. Received by (Printed Name) **Bobby Werto** C. Date of Delivery **9-16-14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

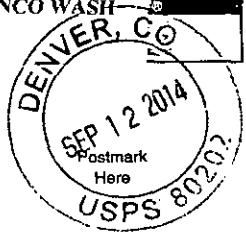
324

7013 1710 0001 8862 0755

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **ENCANA/BLANCO WASH**
 MHF

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
 WERO, HERBERT
 PO BOX 66
 ANETH, UT 84510

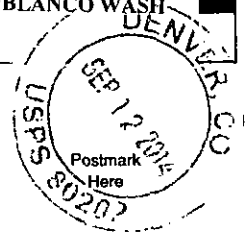
PS Form 3800, 4

7013 1710 0001 8862 0748

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **ENCANA/BLANCO WASH**
 MHF

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
 WESLEY, SAM
 C/O EASTERN NAVAJO AGENCY
 PO BOX 328
 CROWNPOINT, NM 87313

PS Form 3800

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Loretta Barbone</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Loretta Barbone</i></p> <p>C. Date of Delivery <i>9/16/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p style="text-align: center;">WESLEY, SAM C/O EASTERN NAVAJO AGENCY PO BOX 328 CROWNPOINT, NM 87313</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7013 1710 0001 8862 0748</p>	

PS Form 3811, July 2013

Domestic Return Receipt

7013 1710 0001 8862 0731

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**

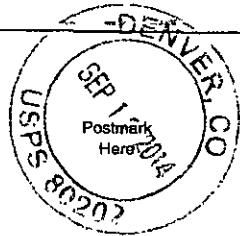
OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

WHITE ESTATE, DOLLY N
 PO BOX 5701
 FARMINGTON, NM 87499

PS Form 3800, A



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WHITE ESTATE, DOLLY N
 PO BOX 5701
 FARMINGTON, NM 87499

2. Article Number (Transfer from service label) 7013 1710 0001 8862 0731

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

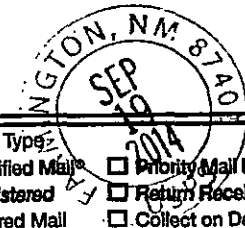
A. Signature Agent Addressee
 X Benjamin Armstrong

B. Received by (Printed Name) Benjamin Armstrong C. Date of Delivery 9-19-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



7013 1710 0001 8862 0724

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**

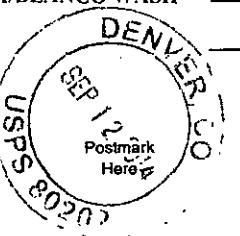
OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP

WHITE, GERALDINE
 PO BOX 365
 FRUITLAND, NM 87416

PS Form 3800, A



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WHITE, GERALDINE
 PO BOX 365
 FRUITLAND, NM 87416

2. Article Number (Transfer from service label) 7013 1710 0001 8862 0724

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X Geraldine White

B. Received by (Printed Name) Geraldine White C. Date of Delivery 9-15-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type:
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

331

7013 1710 0001 8862 0717

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **OFFIC** ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark here
 SEP 16 2 2014
 DENVER, CO
 USPS 80207

Sent To
 Street, Apt. # or PO Box
 City, State
 WHITE, OPAL L
 912 N REVERE #101
 MESA, AZ 85201

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 WHITE, OPAL L
 912 N REVERE #101
 MESA, AZ 85201

2. Article Number (Transfer from service label)
 7013 1710 0001 8862 0717

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
[Signature]

C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: _____

Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

Postmark here
 SEP 16 2014
 DENVER, CO
 USPS 80207

7013 1710 0001 8862 0700

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **OFFIC** ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Postmark here
 SEP 15 2014
 DENVER, CO
 USPS 80207

Sent To
 Street, Apt. # or PO Box N
 City, State, Z
 WHITEHORSE, PEARL
 63 CR 6480 NBU 44C
 KIRTLAND, NM 87417

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 WHITEHORSE, PEARL
 63 CR-6480 NBU 44C
 KIRTLAND, NM 87417

2. Article Number (Transfer from service label)
 7013 1710 0001 8862 0700

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name)
 Pearl Whitehorse

C. Date of Delivery
 9-15-14

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

337

4690 2998 1000 0121 ETD2

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit usps.com MHF
ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
WILLIAMS, DEANDRA P
PO BOX 1062
AUBURN, WA 98071

PS Form 3811

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WILLIAMS, DEANDRA P
PO BOX 1062
AUBURN, WA 98071

2. Article Number
(Transfer from service label)

7013 1710 0001 8862 0694

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

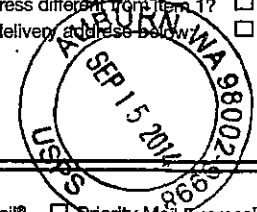
A. Signature
Alfreda Trujillo Agent Addressee

B. Received by (Printed Name)
Alfreda Trujillo C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



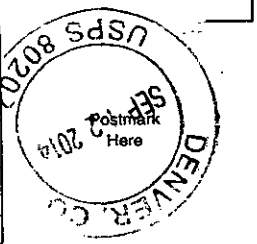
7013 1710 0001 8862 0687

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit usps.com MHF
ENCANA/BLANCO WASH

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
WILLIE, IRA M
758 STAGECOACH TRL
DURANGO, CO 81301-8468

PS Form 3811

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WILLIE, IRA M
758 STAGECOACH TRL
DURANGO, CO 81301-8468

2. Article Number
(Transfer from service label)

7013 1710 0001 8862 0687

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
9/26/14

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

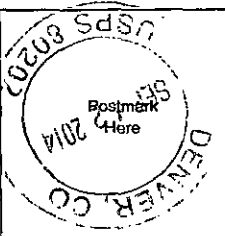
333

0290 2998 1000 0121 ET07

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
WILSON, MARY HELEN WATSON
PO BOX 658
AZTEC, NM 87410

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WILSON, MARY HELEN WATSON
PO BOX 658
AZTEC, NM 87410

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

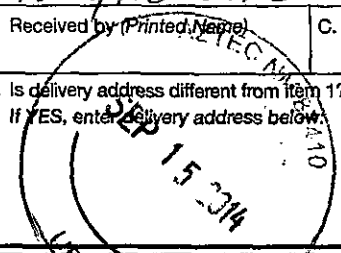
A. Signature
*Mary Helen Watson Agent Addressee

B. Received by (Printed Name)
C. Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



7013 1710 0001 8862 0670

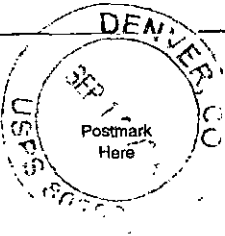
PS Form 3811, July 2013 Domestic Return Receipt

0290 2998 1000 0121 ET07

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit **ENCANA/BLANCO WASH**
OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To
WOODIE, JOHN A
PO BOX 135
NAGEEZI, NM 87037

PS Form 3811, July 2013

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WOODIE, JOHN A
PO BOX 135
NAGEEZI, NM 87037

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X Carol Belon Agent Addressee

B. Received by (Printed Name)
Carol Belon
C. Date of Delivery
9-17-14

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 1710 0001 8862 0663

PS Form 3811, July 2013 Domestic Return Receipt

33

7013 1710 0001 8862 0656

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here: **DENVER CO SEP 12 2014**

Sent To: **WOODY, LILLIAN**
 Street, Apt. No., or PO Box No.: **PO BOX 5095**
 City, State, ZIP+4: **FARMINGTON, NM 87499**

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WOODY, LILLIAN
PO BOX 5095
FARMINGTON, NM 87499

2. Article Number (Transfer from service label): **7013 1710 0001 8862 0656**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Lillian Woody* Agent Addressee

B. Received by (Printed Name): **Lillian Woody** Agent Addressee

C. Date of Delivery: **SEP 18 2014**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 1710 0001 8862 0649

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark Here: **DENVER CO SEP 12 2014**

Sent To: **WOODY, LOUISE**
 Street, Apt. No., or PO Box No.: **PO BOX BLL - RRTP**
 City, State, ZIP: **CHINLE, AZ 86503**

PS Form 3800

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WOODY, LOUISE
PO BOX BLL - RRTP
CHINLE, AZ 86503

2. Article Number (Transfer from service label): **7013 1710 0001 8862 0649**

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Louise Woody* Agent Addressee

B. Received by (Printed Name): **Louise Woody** Agent Addressee

C. Date of Delivery: **9-9-2014**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

335

2E9D 2888 1000 1710 0001 8862 0632

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

USPS 80202 SEP 19 2014 DENVER, CO

Sent To: **WOODY, MELVIN E**
PO BOX 228
NAGEEZI, NM 87037

PS Form 3800, A

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

WOODY, MELVIN E
PO BOX 228
NAGEEZI, NM 87037

2. Article Number (Transfer from service label) **7013 1710 0001 8862 0632**

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Royce Domingo

B. Received by (Printed Name) **ROYCE DOMINGO** C. Date of Delivery **9/19/14**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 1710 0001 8862 0625

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **ENCANA/BLANCO WASH**

OFFICE

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage	\$

USPS 80202 SEP 19 2014 DENVER, CO

Sent To: **YAZZIE ESTATE, NORBERT**
709 N. Buena Vista Ave.
FARMINGTON, NM 87401

PS Form 3800, August 2008

7013 1710 0001 8862 0618

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

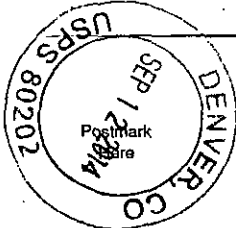
For delivery information visit **OFFIC** ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

YAZZIE, ALFRED
 1505 BLUFFVIEW AVENUE
 FARMINGTON, NM 87401

PS Form 3800, A



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

YAZZIE, ALFRED
 1505 BLUFFVIEW AVENUE
 FARMINGTON, NM 87401

2. Article Number (Transfer from service label) 7013 1710 0001 8862 0618

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X [Signature]

B. Received by (Printed Name) C. Date of Delivery
 [Signature] 9-15-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7090 2999 1000 0121 ETD2

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)


For delivery information visit **OFFIC** ENCANA/BLANCO WASH

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

YAZZIE, ANDREW
 PO BOX 1782
 BLOOMFIELD, NM 87413

PS Form 3800, A



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

YAZZIE, ANDREW
 PO BOX 1782
 BLOOMFIELD, NM 87413

2. Article Number (Transfer from service label) 7013 1710 0001 8862 0601

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X [Signature]

B. Received by (Printed Name) C. Date of Delivery
 ANDREW YAZZIE 9-15-14

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

7013 1710 0001 8862 0595

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

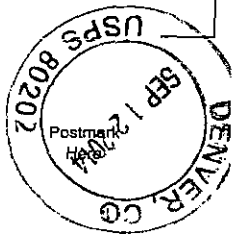
For delivery information visit **ENCANA/BLANCO WASH**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP

YAZZIE, ANGELINA W
 PO BOX 2261
 KIRTLAND, NM 87417

PS Form 3800



SENDER: COMPLETE THIS SECTION.

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

YAZZIE, ANGELINA W
 PO BOX 2261
 KIRTLAND, NM 87417

2. Article Number
 (Transfer from service label)

7013 1710 0001 8862 0595

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

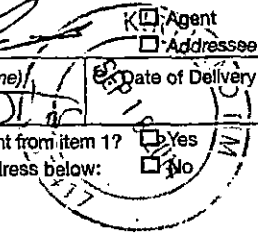
A. Signature
 Agent
 Addressee

B. Received by (Printed Name) _____ Date of Delivery _____

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



7013 1710 0001 8862 0588

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF


For delivery information visit **ENCANA/BLANCO WASH**

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____
 Total Postage & Fees \$ _____

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP+

YAZZIE, DAVID
 PO BOX 816
 BLOOMFIELD, NM 87413

PS Form 3800



SENDER: COMPLETE THIS SECTION.

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

YAZZIE, DAVID
 PO BOX 816
 BLOOMFIELD, NM 87413

2. Article Number
 (Transfer from service label)

7013 1710 0001 8862 0588

PS Form 3811, July 2013 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery _____

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

339

7013 1710 0001 8862 0571

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **OFFPI** ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

DENVER, CO
 Postmark
 SEP 12 2014
 USPS 80202

Sent To
 YAZZIE, DEION J
 C/O CALVINA MARTINEZ
 11800 MONTGOMERY NE
 APT #2097
 ALBUQUERQUE, NM 87111

PS Form 3800, A

7013 1710 0001 8862 0564

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)
 MHF

For delivery information visit **OFFIC** ENCANA/BLANCO WASH

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

DENVER, CO
 Postmark
 SEP 12 2014
 USPS 80202

Sent To
 YAZZIE, GENEVIEVE L
 BOX 2074
 BLOOMFIELD, NM 87413

PS Form 38

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Genevieve L. Yazzie</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Genevieve L Yazzie</i></p> <p>C. Date of Delivery <i>9-16-14</i></p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>YAZZIE, GENEVIEVE L BOX 2074 BLOOMFIELD, NM 87413</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input checked="" type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p>
<p>7013 1710 0001 8862 0564</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

336

2550 2998 1000 0121 ETD2

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark: **SEP 1 2014 DENVER, CO**

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP+4

YAZZIE, HAROLD
GERI-A-113 DRAWER 1328
LOS LUNAS, NM 87031

PS Form 3801

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so 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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) DANNY EVANS C. Date of Delivery D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:
1. Article Addressed to:	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
2. Article Number (Transfer from service label)	4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes
	7013 1710 0001 8862 0557

PS Form 3811, July 2013 Domestic Return Receipt

0450 2998 1000 0121 ETD2

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF
 For delivery information visit **ENCANA/BLANCO WASH**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Postmark: **SEP 12 2014 DENVER, CO**

Sent To
 Street, Apt. No. or PO Box No.
 City, State, ZIP+4

YAZZIE, THERESA A
PO BOX 1371
BLOOMFIELD, NM 87413

PS Form 3801

Letter Returned

340

7013 1710 0001 8862 0533

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 MHF

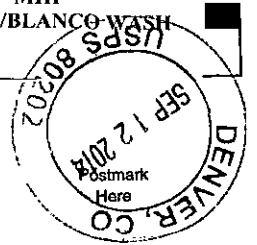
For delivery information visit **ENCANA/BLANCO WASH OFFIC**

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$

Sent To
 Street, Apt. No., or PO Box No.
 City, State, ZIP+4

YAZZIE, WILLIE
PO BOX 194
NAGEEZI, NM 87037

PS Form 3800, A



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Betty Nageezi</i></p> <p>B. Received by (Printed Name) <i>B. N. Y.</i></p> <p>C. Date of Delivery <i>9/17/14</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>YAZZIE, WILLIE PO BOX 194 NAGEEZI, NM 87037</p>	<p>3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>
<p>2. Article Number (Transfer from service label)</p>	<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7013 1710 0001 8862 0533</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	

341