

| SENDER: COMPLETE THIS SECTION  |  | COMPLETE THIS SECTION ON DELIVERY   |  |
|--|--|---|--|
| <ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul> |  | <p>A. Signature<br/> <input checked="" type="checkbox"/> <i>Maggie Walling</i> <input type="checkbox"/> Agent<br/> <input type="checkbox"/> Addressee</p>   |  |
| 1. Article Addressed to:   |  | B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery  |  |
| <p>MAGDALENA A. WALLING<br/>                 P.O. BOX 144<br/>                 SANTA FE, NM 87501</p>  |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>                 If YES, enter delivery address below: <input type="checkbox"/> No</p>  |  |
| 2. Article Number (Transfer from)  |  | 3. Service Type   |  |
| 7004 0750 0003 8818 4463   |  | <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |  |
| PS Form 3811, February 2004  |  | 4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes   |  |
| Domestic Return Receipt  |  | 102595-02-M-1540  |  |

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| 1. Article Addressed to:   |  | B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery  |  |
| <p>MARGARET D. LUJAN<br/>                 5 CALLE DE VECINOS<br/>                 SANTA FE, NM 87506</p>   |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>                 If YES, enter delivery address below: <input type="checkbox"/> No</p>  |  |
| 2. Article Number (Transfer from serv)   |  | 3. Service Type   |  |
| 7004 0750 0003 8818 4401   |  | <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |  |
| PS Form 3811, February 2004  |  | 4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes   |  |
| Domestic Return Receipt  |  | 102595-02-M-1540  |  |

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| 1. Article Addressed to:   |  | B. Received by (Printed Name) <input type="checkbox"/> C. Date of Delivery  |  |
| <p>ERNESTO R. LUJAN<br/>                 5 CALLE DE VECINOS<br/>                 SANTA FE, NM 87506</p>  |  | <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes<br/>                 If YES, enter delivery address below: <input type="checkbox"/> No</p>  |  |
| 2. Article Number (Transfer from service label)  |  | 3. Service Type   |  |
| 7004 0750 0003 8818 4395   |  | <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail<br><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise<br><input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. |  |
| PS Form 3811, February 2004  |  | 4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes   |  |
| Domestic Return Receipt  |  | 102595-02-M-1540  |  |

EXHIBIT  
B

**SENDER: COMPLETE THIS SECTION**

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

1. Article Addressed to:

CASA LAS BARRANCAS  
369 MONTEZUMA AVE #132  
SANTA FE, NM 87501

2. Article Number  
(Transfer from service label)

7004 0750 0003 8818 4371

PS Form 3811, February 2004

**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:

DEC 12 2014

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

4. Restricted Delivery? (Extra Fee)  Yes

35548

Domestic Return Receipt

102595-02-M-1540