



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  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name) Glean Turner	C. Date of Delivery 9/28/15
REIP LTD. PARTNERSHIP C/O WVN SERVICES 2122 SAGE ROAD #235 HOUSTON, TX 77056		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		7005 1820 0006 3409 8937 80527	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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1. Article Addressed to:		B. Received by (Printed Name) Mike Lujan	C. Date of Delivery
MICHAEL BRIAN LUJAN 27262 B I-25 E. FRONTAGE RD. SANTA FE, NM 87508		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		7005 1820 0006 3409 8456 50824	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

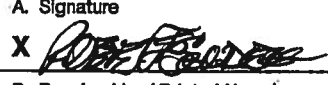
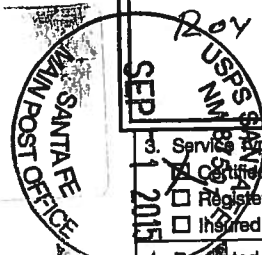
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1. Article Addressed to:		B. Received by (Printed Name) ROBERT SOLVER	C. Date of Delivery
ANGELIQUE HART 1530 BISHOPS LODGE RD SANTA FE, NM 87506		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label)		7005 1820 0006 3409 8449 55767	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

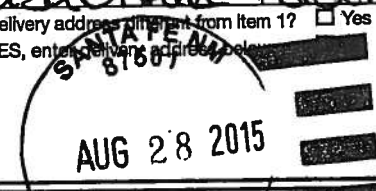
EXHIBIT
 B

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1. Article Addressed to: <p style="text-align: center;">ROY HEILBRON, JR. 1530 BISHOPS LODGE RD SANTA FE, NM 87506</p>		B. Received by (Printed Name) C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
		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) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 1820 0006 3409 8432 55767	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	



ROY HEILBRON

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1. Article Addressed to: <p style="text-align: center;">MLD, LLC COUNTY ROAD 84 B #59 SANTA FE, NM 87506</p>		B. Received by (Printed Name) C. Date of Delivery	
		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:	
		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) <input checked="" type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7005 1820 0006 3409 8401 69620	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	



ELISA CHAVEZ 8/28/15