

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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
ELEAZAR MOLINA P.O. BOX 573 TESUQUE, NM 87574		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <i>PN 30-15</i>	
2. Article Number (Transfer from service)		3. Service Type	
7005 1820 0006 3409 8708		<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.	
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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<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 <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
1. Article Addressed to:		B. Received by (Printed Name)	C. Date of Delivery
ARMANDO V. LUJAN 04 CASAS ESCONDIDAS 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 SEP 30 2015 SANTA FE MAIN POST OFFICE	
2. Article Number (Transfer from service)		3. Service Type	
7005 1820 0006 3409 8715		<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.	
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)	C. Date of Delivery
FLORINDA LUJAN 04 CASAS ESCONDIDAS 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 SEP 30 2015 SANTA FE MAIN POST OFFICE	
2. Article Number (Transfer from service)		3. Service Type	
7005 1820 0006 3409 8722		<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.	
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:

**NANCY R. MORRISON
2001 KIRBY DRIVE STE 501
HOUSTON, TX 77019**

2. Article Number
(Transfer from service label)

7005 1820 0006 3409 8494

27862

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

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**CHERIE D. LEDWITH LUCKY
4999 CASA DRIVE #13
TARZANA, CA 91356**

2. Article Number
(Transfer from service label)

7005 1820 0006 3409 8104

39070

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

SENDER: COMPLETE THIS SECTION

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- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**JOSEPH P. LUCKY
4999 CASA DRIVE #13
TARZANA, CA 91356**

2. Article Number
(Transfer from service label)

7005 1820 0006 3409 8777

39070

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