

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>Venessa Chavez</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) Venessa Chavez
1. Article Addressed to: <p style="text-align: center;">RAY A. CHAVEZ 108 STATE ROAD 503 SANTA FE, NM 87506</p>	C. Date of Delivery 9/25/15	
	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) 7005 1820 0006 3409 8814 42039		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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1. Article Addressed to: <p style="text-align: center;">VENESSA M. CHAVEZ 108 STATE ROAD 503 SANTA FE, NM 87506</p>	C. Date of Delivery 9/25/15	
	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) 7005 1820 0006 3409 8821 42039		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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1. Article Addressed to: <p style="text-align: center;">CARRIE D. ATENCIO 385 DONNA AVENUE LOS ALAMOS, NM 87544</p>	C. Date of Delivery 9/24/15	
	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) 7005 1820 0006 3409 8869 65850		
PS Form 3811, February 2004 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.
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1. Article Addressed to:

JONATHAN ATENCIO
385 DONNA AVENUE
LOS ALAMOS, 87544

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *9/23*

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

2. Article Number (Transfer from service label)

7005 1820 0006 3409 8852 65850

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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1. Article Addressed to:

JACK ELDRIDGE
91 STATE ROAD 503
SANTA FE, NM 87506

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Jack Eldridge* C. Date of Delivery *9/23*

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

91B

2. Article Number (Transfer from service label)

7005 1820 0006 3409 8876 79942

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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1. Article Addressed to:

MARY BETH HALLMAN
91 STATE ROAD 503
SANTA FE, NM 87506

[Handwritten signature]

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]* Agent Addressee

B. Received by (Printed Name) *Mary Beth Hallman* C. Date of Delivery *9/23*

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

91B

2. Article Number (Transfer from service label)

7005 1820 0006 3409 8883 79942

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540