



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>	A. Signature  <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) C. Date of Delivery Dolly Ma L 1/9/15	
1. Article Addressed to:  ANDREW K. MARCKWALD, JR. 2151 PACIFIC AVENUE SAN FRANCISCO, CA 94115	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 341 8791 11671		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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	B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to:  DOUGLAS H. BITTNER P.O. BOX 1432 LOS ALAMOS, NM 87544	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 9194 12763		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		


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	B. Received by (Printed Name) C. Date of Delivery	
1. Article Addressed to:  SARAH B. BREW P.O. BOX 1432 LOS ALAMOS, NM 87544	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 8890 12763		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

EXHIBIT B

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	B. Received by (Printed Name)	C. Date of Delivery 10/8/15
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
<b>REPUBLIC MUSICANA INC.                      C/O ALBERTO AGUILERA                      425 CAMINO REAL                      EL PASO, TX 79922</b>		
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 checked="" type="checkbox"/> C.O.D.		
4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes		
2. Article Number (Transfer from service label) <b>7005 1820 0006 3409 9200</b> <span style="float: right;">60536</span>		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:	
<b>JAMES D. RATHJEN                      CR 84 BOX 480 C                      SANTA FE, NM 87506</b>		
3. Service Type <b>USPS</b> <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) <b>7005 1820 0006 3409 9248</b> <span style="float: right;">60539</span>		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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	B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below:	
<b>MARY LOU RATHJEN                      CR 84 BOX 480 C                      SANTA FE, NM 87506</b>		
3. Service Type <b>USPS</b> <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) <b>7005 1820 0006 3409 9255</b> <span style="float: right;">60539</span>		
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>■ Print your name and address on the reverse so that we can return the card to you.</p> <p>■ Attach this card to the back of the mailpiece, or on the front if space permits.</p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>ANTONIO TRUJILLO</i> <input type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)  <i>Antonio Trujillo</i></p> <p>C. Date of Delivery  <i>10/14/15</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 style="text-align: center;"><b>J. ANTONIO TRUJILLO</b>  <b>P.O. BOX 6065</b>  <b>SANTA FE, NM 87502</b></p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>
<p>2. Article Number                      (Transfer from service label) <b>7005 1820 0006 5TD</b></p>	<p style="text-align: right; font-size: 2em;"><b>71289</b></p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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<p>1. Article Addressed to:</p> <p style="text-align: center;"><b>TONI L. NOLAND-TRUJILLO</b>  <b>P.O. BOX 6065</b>  <b>SANTA FE, NM 87502</b></p>	<p>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.</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>
<p>2. Article Number                      (Transfer from servi <b>7005 1820 0006 3409 9286</b></p>	<p style="text-align: right; font-size: 2em;"><b>71289</b></p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	