

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>Maria Raybon</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name)	C. Date of Delivery 6/4/15
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	
MARIA L. RAYBON 54 C CAMINO CERRADO SANTA FE, NM 87506	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)	7004 0750 0003 8818 4845	RG-17304
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 6/4/15
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	
HAROLD G. RAYBON 54 C CAMINO CERRADO SANTA FE, NM 87506	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)	7004 0750 0003 8818 4852	RG-17304
PS Form 3811, February 2004 Domestic Return Receipt		102595-02-M-1540

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	B. Received by (Printed Name) Ruth Romero	C. Date of Delivery 6/4
1. Article Addressed to:	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
GRACE ROMERO 4-B MOLINO VIEJO SANTA FE, NM 87506	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)	7004 0750 0003 8818 3763	RG-33612
PS Form 3811, February 2004 Domestic Return Receipt		102595-02-M-1540

EXHIBIT
B

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<p>1. Article Addressed to:</p> <p style="text-align: center;">FLORENCIO A. ROMERO 4-B MOLINO VIEJO SANTA FE, NM 87506</p>	<p>3. Service Type <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Registered <input type="checkbox"/> C.O.D. <input type="checkbox"/> Insured Mail</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>
<p>2. Article Number <i>RG 33612</i> (Transfer from service to) 7004 0750 0003 8818 3770</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;">JOYCE TRUJILLO HERRERA 15 HERRERA ROAD SANTA FE, NM 87506</p>	<p>3. Service Type <input type="checkbox"/> Express Mail <input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Registered <input type="checkbox"/> C.O.D. <input type="checkbox"/> Insured Mail</p> <p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p>
<p>2. Article Number <i>RG 35504</i> (Transfer from service to) 7004 0750 0003 8818 5002</p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	