

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>Linda Brito</i> <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) Linda Brito	C. Date of Delivery 7/30/15
1. Article Addressed to: LINDA BRITO 3202 LOURAIN STREET SANTA FE, NM 87507-5070	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No Lauraine Circle	
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 7923 03076		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

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	B. Received by (Printed Name) E Romero	C. Date of Delivery 6/11/15
1. Article Addressed to: ELIZABETH ROMERO 264 COUNTY ROAD 84 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	
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) 7004 0750 0003 8818 4784 RG-24367		
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	B. Received by (Printed Name) Jean U. Smithers	C. Date of Delivery 7/23/15
1. Article Addressed to: JEAN U. SMITHERS 23 N. GUADALUPE ST #519 SANTA FE, NM 87501	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 7886 16112		
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540		

EXHIBIT
B

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	B. Received by (Printed Name) <i>G. We-dw</i> C. Date of Delivery <i>7/23/15</i>	
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 <u>7005 1820 0006 3409 7893</u> <i>16/12</i> (Transfer from service label)		
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	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 <u>7005 1820 0006 3409 9835</u> <i>28662</i> (Transfer from service label)		
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	B. Received by (Printed Name) <i>J. F. STAMPFER</i> 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 <u>7005 1820 0006 3409 9842</u> <i>29033</i> (Transfer from service label)		
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<p>1. Article Addressed to:</p> <p>SUSAN C. HERTER 11 W. GUTIERREZ BOX 3409 SANTA FE, NM 87506</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>JUL 2 2005 TESUQUE NM</p> <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail</p> <p><input type="checkbox"/> Registered <input checked="" type="checkbox"/> Return Receipt for Merchandise</p> <p><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)</p>	<p>7005 1820 0006 3409 9910 39156</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	