

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. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p>Estate of Bernardo & Ida Archuleta c/o Virginia A. Archuleta, Personal Representative P.O. Box 11 Abiquiu, NM 87510</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below: 87510</p> <p>JUL 29 2016</p>
	<p>3. Service Type</p> <p><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>2. Article Number 7007 0710 0003 0183 7215 (Transfer from service to _____)</p>	<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p> <p>02-02 01-01, 01-03</p>

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

EXHIBIT 2

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>Salome Chaff</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee	
	B. Received by (Printed Name) Salome Chaff	C. Date of Delivery 08-01-16
1. Article Addressed to: <p style="text-align: center;">Salome Chaff 1001 Sasman Dr. San Bruno, CA 94066</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" 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 s)	7004 0750 0003 8818 0830	05-04
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 02-26
1. Article Addressed to: <p style="text-align: center;">Consuelo Archuleta 47000 Shadow Mt. Dr. Apt #23 Palm Desert, CA 92260</p>	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 label)	7007 0710 0003 0183 7482	05-04
PS Form 3811, February 2004	Domestic Return Receipt	102595-02-M-1540

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1. Article Addressed to: Benjamin Enrique Jaramillo P.O. Box 743 Abiquiu, NM 87510	B. Received by (Printed Name) Ben Jaramillo	C. Date of Delivery 7/29/16
	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 ser)	7004 0750 0003 8818 0892 05-01	

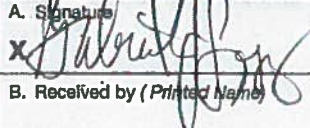
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Elfido Audelio Lopez 517 N. Cambridge Gilbert, AZ 85233</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>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>7007 0710 0003 0183 7253 01-01</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;">Bernardo Archuleta P.O. Box 41 Abiquiu, NM 87510</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>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>7007 0710 0003 0183 7505 01-01, 01-03</p>
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>	

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1. Article Addressed to: <p style="text-align: center;"> Juan D. & Delia Lopez Trust c/o Gabe Lopez Trustee P.O. Box 32 Abiquiu, NM 87510 </p>	B. Received by (Printed Name)	C. Date of Delivery
2. Article Number <i>(Transfer from servit)</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	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.	
Domestic Return Receipt	4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
102595-02-M-1540	7004 0750 0003 8818 0908 05-03	

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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. 	<p>A. Signature</p> <p><input checked="" type="checkbox"/> <i>Leon Maestas</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Michael Maestas P.O. Box 935 Española, NM 87532</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>EVAN MAESTAS</i> <i>7-29-16</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>2. Article Number (Transfer from service)</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>7007 0710 0003 0184 3452</p>	<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p> <p style="text-align: right;"><i>07-02</i></p>	
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>		

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1. Article Addressed to: Ramon Maestas P.O. Box 935 Española, NM 87532	B. Received by (Printed Name) <i>EVAN MAESTAS</i>	C. Date of Delivery <i>7-29-16</i>
2. Article Number (Transfer from service)	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	
7007 0710 0003 0184 3469	<i>07-02</i>	

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1. Article Addressed to: Sam Maestas P.O. Box 935 Española, NM 87532	B. Received by (Printed Name) <i>IVAN MAESTAS</i>	C. Date of Delivery <i>7-29-16</i>
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
PS Form 3811, February 2004	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.	
7007 0710 0003 0183 7437	4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes	
Domestic Return Receipt	07-02	
102585-02-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. 	<p>A. Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>X <i>Eloy Trujillo</i></p>	
<p>1. Article Addressed to:</p> <p style="text-align: center;">Eloy Trujillo Rural Route 4, Box 220 Ohkay Owingeh, NM 87566</p>	<p>B. Received by (Printed Name)</p> <p><i>Eloy Trujillo</i></p>	<p>C. Date of Delivery</p>
<p>2. Article Number (Transfer from)</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p> <p style="font-size: 1.5em; text-align: center;">005507332</p>	
<p>PS Form 3811, February 2004</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>7004 0750 0003 8818 0854</p>		<p style="text-align: center;">AUG - 1 2015 OHKAY OWINGEH PD OFFICE</p> <p style="text-align: right;">01-01 01-05</p>
<p>Domestic Return Receipt</p>		<p>102595-02-M-1540</p>

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Isabel W. Trujillo P.O. Box 187 Abiquiu, NM 87510</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 style="text-align: center; color: red;">ABUQUIU NM 87510 JUL 29 2015</p>
<p>2. Article Number (Transfer from serv</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>7004 0750 0003 8818 0915</p>	<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p> <p style="text-align: right; color: blue;">01-01, 01-02, 02-01</p>
<p>PS Form 3811, February 2004</p>	<p>Domestic Return Receipt 102595-02-M-1540</p>

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1. Article Addressed to: <p style="text-align: center;">Virgil F. Trujillo P.O. Box 187 Abiquiu, NM 87510</p>	B. Received by (Printed Name)	C. Date of Delivery
2. Article Numt (Transfer from)	D. Is delivery address different from Item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No <p style="text-align: center; color: red; font-weight: bold;">JUL 29 2016</p>	
PS Form 3811, February 2004	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	
	7004 0750 0003 8818 0922 01-01, 01-02, 0201	
	Domestic Return Receipt 102595-02-M-1540	

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Agustin & Bernadita Vigil Estate c/o Laura Caffey 4801 Glenwood Hills NE Albuquerque, NM 87111</p>	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>Laura Caffey</i> <i>7/30/16</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 style="text-align: center; font-size: 1.2em;">JUL 30 2016</p>
<p>2. Article Number (transfer from service)</p>	<p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input checked="" 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>PS Form 3811, February 2004</p>	<p style="text-align: center;">7007 0710 0003 0183 7499 <i>05-02</i></p> <p style="text-align: center;">Domestic Return Receipt 102595-02-M-1540</p>

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1. Article Addressed to: Eduardo Vigil P.O. Box 671 Española, NM 87532	<p>B. Received by (Printed Name) C. Date of Delivery</p> <p><i>EDUARDO J. VIGIL</i> <i>7-29-16</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p>
2. Article Number (Transfer from ser	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.
7007 0710 0003 0184 0017	4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes
PS Form 3811, February 2004	Domestic Return Receipt 102595-02-M-1540

06-01

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	B. Received by (Printed Name)	C. Date of Delivery 7-29-14
1. Article Addressed to: <p style="text-align: center;">Rochelle War 507 Camino Alborlera Española, NM 87532</p>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number <i>(Transfer from service label)</i>	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
	7007 0710 0003 0183 7451	07-01

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<p>1. Article Addressed to:</p> <p style="text-align: center;">Veronica War P.O. Box 5063 Fairview, NM 87533</p>	<p>B. Received by (Printed Name) Veronica War</p>	<p>C. Date of Delivery</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>3. Service Type</p> <p><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>2. Article Number (Transfer from service lab)</p>	<p>4. Restricted Delivery? (Extra Fee) <input checked="" type="checkbox"/> Yes</p> <p style="text-align: center;">7007 0710 0003 0183 7468</p> <p style="text-align: right;">67-01</p>	

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540