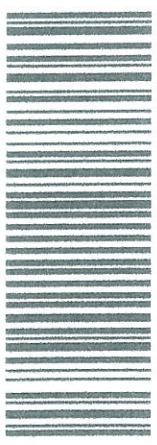


CERTIFIED MAIL RECEIPTS

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 type="checkbox"/> Agent <input type="checkbox"/> Addressee X</p>						
<p>1. Article Addressed to:</p> <p style="text-align: center;">Mary Ellen Hellyer 811 Walnut Street Fort Morgan, Colorado 80701</p>	<p>B. Received by (<i>Printed Name</i>) C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>						
<p>2. Article Number (Transfer from service label) 7014 1200 0002 2725 0537</p>	<p>3. Service Type</p> <table style="width: 100%;"> <tr> <td><input checked="" type="checkbox"/> Certified Mail</td> <td><input type="checkbox"/> Express Mail</td> </tr> <tr> <td><input type="checkbox"/> Registered</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Insured Mail</td> <td><input type="checkbox"/> C.O.D.</td> </tr> </table> <p>4. Restricted Delivery? (<i>Extra Fee</i>) <input type="checkbox"/> Yes</p>	<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail	<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.
<input checked="" type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail						
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise						
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.						
<p>PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540</p>							

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE
CERTIFIED MAIL™



7014 1200 0002 2725 0537
7014 1200 0002 2725 0537

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com

OFFICIAL USE

Postage	\$.485	Postmark Here
Certified Fee		3.45	
Return Receipt Fee (Endorsement Required)		2.80	
Restricted Delivery Fee (Endorsement Required)			
Total Postage & Fees	\$	6.735	

Sent To

Street, Apt. or PO Box _____

City, State _____

Mary Ellen Hellyer
811 Walnut Street
Fort Morgan, Colorado 80701

PS Form 3800, August 2006

See Reverse for Instructions

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 <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
		B. Received by (Printed Name)	C. Date of Delivery
1. Article Addressed to: <div style="text-align: center;"> Llewellyn W. Bass 11107 Highway 71 Brush, Colorado 80723 </div>		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 type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label)		7014 1200 0002 2725 0513	
PS Form 3811, February 2004		Domestic Return Receipt 102595-02-M-1540	

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For delivery information visit our website at www.usps.com

Postage	\$.485
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.735

Postmark Here

Sent To
Llewellyn W. Bass
11107 Highway 71
Brush, Colorado 80723

PS Form 3800, August 2006

See Reverse for Instructions

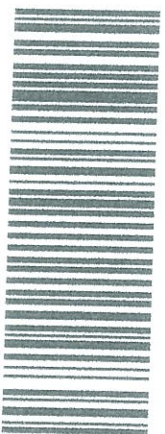
SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 		A. Signature X <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <p style="text-align: center;">Bruce B. Bass Family LLLP 30621 County Road N Brush, Colorado 80723</p>		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) <u>7014 1200 0002 2725 0506</u>		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 type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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For delivery information visit our website at www.usps.com	
OFFICIAL USE	
<div style="display: flex; justify-content: space-between;"> <div> Postage Certified Fee Return Receipt Fee (Endorsement Required) Restricted Delivery Fee (Endorsement Required) Total Postage & Fees </div> <div> \$.485 3.45 2.80 \$ 6.735 </div> </div>	Postmark Here
Sent To Bruce B. Bass Family LLLP 30621 County Road N Brush, Colorado 80723	
PS Form 3800, August 2006 See Reverse for Instructions	

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 <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <div style="text-align: center;"> Windy Hill Gas Storage LLC P.O. Box 18283 Denver, Colorado 80218 </div>		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 type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	
2. Article Number (Transfer from service label) 7014 1200 0002 2725 0490			
PS Form 3811, February 2004		Domestic Return Receipt	
		102595-02-M-1540	

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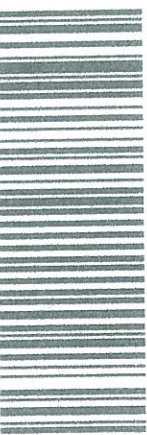
7014 1200 0002 2725 0490
7014 1200 0002 2725 0490

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For delivery information visit our website at www.usps.com	
OFFICIAL USE	
Postage	\$.485
Certified Fee	3.45
Return Receipt Fee (Endorsement Required)	2.80
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 6.735
Postmark Here	
Sent To Windy Hill Gas Storage LLC P.O. Box 18283 Denver, Colorado 80218	
PS Form 3800, August 2006	
See Reverse for Instructions	

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 <div style="text-align: right;"> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee </div>	
1. Article Addressed to: <div style="text-align: center;"> Isabelle Norwood 320 Cambridge Street Brush, Colorado 80723 </div>		B. Received by (Printed Name)	C. Date of Delivery
2. Article Number (Transfer from service label) 7014 1200 0002 2725 0544		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 type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.	
		4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes	

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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Postage \$ **.485**
Certified Fee **3.45**
Return Receipt Fee (Endorsement Required) **2.80**
Restricted Delivery Fee (Endorsement Required)
Total Postage & Fees \$ **6.735**

Postmark Here

Sent To
Isabelle Norwood
320 Cambridge Street
Brush, Colorado 80723

PS Form 3800, August 2006

See Reverse for Instructions

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.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Colorado State Land Board
1127 Sherman Street, 3rd Floor
Denver, Colorado 80203

COMPLETE THIS SECTION ON DELIVERY

A. Signature ☐ Agent
X ☐ AddresseeB. Received by (Printed Name) ☐ C. Date of DeliveryD. Is delivery address different from item 1? ☐ Yes
If YES, enter delivery address below: ☐ No

3. Service Type

☒ Certified Mail ☐ Express Mail
☐ Registered ☐ Return Receipt for Merchandise
☐ Insured Mail ☐ C.O.D.4. Restricted Delivery? (Extra Fee) ☐ Yes2. Article Number
(Transfer from service label) 7014 1200 0002 2725 0483

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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OFFICIAL USE

Postage	\$.485	
Certified Fee	3.45	
Return Receipt Fee (Endorsement Required)	2.80	Postmark Here
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 6.735	

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Sent to
Street, Apt. N
or PO Box N
City, State, Z
Colorado State Land Board
1127 Sherman Street, 3rd Floor
Denver, Colorado 80203

PS Form 3800, August 2006

See Reverse for Instructions