

BEFORE THE VIRGINIA GAS AND OIL BOARD

APPLICANT: EnerVest Operating, LLC

DIVISION OF GAS AND OIL

DOCKET NO. VGOB 89-0126-0009-89

RELIEF SOUGHT: MODIFICATION OF NORA COALBED GAS UNIT NOS:

83AT, 56AY, 57AY, 58AY, 55AZ, 57AZ, 58AZ, 57AX, 58AX, 59AX, 53AY, 54AY, 55AY, 59AY, 92BN, 92BO, 91BP, 92BP.

AFFECTED UNIT: (See Attached Exhibit H2)

APPLICATION

1. **Applicant and its counsel:** Applicant is EnerVest Operating, LLC, 408 W. Main Street, Abingdon, Virginia 24210. Applicant's Counsel is Timothy E. Scott 135 W. Main Street, Suite 200, Kingsport, TN 37660 (423) 247-9376.

2. **Relief Sought:** (1) Modification of the Nora Coalbed Methane Gas Field Rules, to allow one additional coalbed gas well to be drilled within each of the 58.77 acre Nora Units identified above. (2) For an administrative order providing that additional well permits may be issued in the Nora Field after this application is filed and while it is pending.

3. **Legal Authority:** 4 VAC 25-160-50 and § 45.1-361.20 of the Code of Virginia.

4. **Proposed provisions of order sought:** That one additional coalbed methane gas well may be drilled in each of the above referenced Nora Units; that the second well be located at least 600 feet from the nearest coalbed methane well; (and that production/royalties from each coalbed methane well drilled in the said Units shall continue to be allocated solely to the owners and claimants of and to the coalbed methane within the Unit in which the well is located.)

5. **Type of wells and field:** Coalbed methane frac well within the portion of the Nora Coalbed Gas Field described above, and as depicted in the attached Exhibit H2.

6. **Formations subject to application:** All coal beds and coal seams being all producible coal seams and other associated formations, named and unnamed coal

seams from the Kennedy to the base of the Pennsylvanian coal seams in the Nora Coalbed Gas Field.

7. **Description of interest/claim of persons being notified:** Coalbed methane.

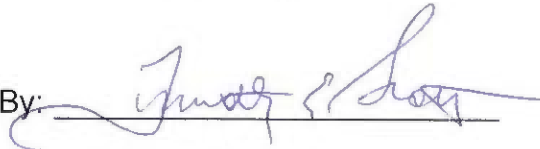
8. **Estimated ultimate recovery in each Nora Unit identified above:** 500 MMCF

9. **Map:** See Exhibit H2 annexed hereto.

10. **The boundaries and acreage affected:** see Exhibit H2 annexed hereto.

11. **Attestation:** The foregoing application to the best of my knowledge, information and belief is true and correct.

EnerVest Operating, LLC

By: 

Timothy E. Scott

135 W. Main Street, Suite 200

Kingsport, TN 37660

(423) 247-9376

BEFORE THE VIRGINIA GAS AND OIL BOARD

APPLICANT: EnerVest Operating, LLC

DIVISION OF GAS AND OIL

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RELIEF SOUGHT: MODIFICATION OF NORA COALBED GAS UNIT NOS:

83AT, 56AY, 57AY, 58AY, 55AZ, 57AZ, 58AZ, 57AX, 58AX, 59AX, 53AY, 54AY, 55AY, 59AY, 92BN, 92BO, 91BP, 92BP..

AFFECTED UNIT: (See Attached Exhibit H2)

Notice of Hearing

HEARING DATE: October 18, 2016

PLACE: Conference Center at the Russell County Office Facility

139 Highland Drive

Lebanon, Virginia

TIME: 9:00 a.m.

COMMONWEALTH OF VIRGINIA:

To: See Exhibit "B" attached hereto:

1. **Applicant and its counsel:** Applicant is EnerVest Operating, LLC, 408 W. Main Street, Abingdon, Virginia 24210. Applicant's Counsel is Timothy E. Scott 135 W. Main Street, Suite 200, Kingsport, TN 37660 (423) 247-9376.

2. **Relief Sought:** 1) Modification of the Nora Coalbed Methane Gas Field Rules, to allow one additional coalbed gas well to be drilled within each of the 58.77 acre Nora Units identified above. (2) For an administrative order providing that additional well permits may be issued in the Nora Field after this application is filed and while it is pending.

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7. **Description of interest/claim of persons being notified:** Coalbed methane.

8. **Estimated ultimate recovery in each Nora Unit identified above:** 500 MMCF

9. **Map:** See Exhibit H2 annexed hereto.

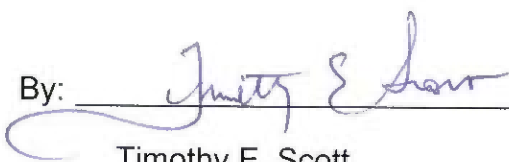
10. **The boundaries and acreage affected:** see Exhibit H2 annexed hereto.

11. **Attestation:** The foregoing application to the best of my knowledge, information and belief is true and correct.

NOTICE IS FURTHER GIVEN that this cause has been set for hearing and the taking of evidence at the time and place first stated above and that notice will be published as required by law and the Rules of the Virginia Gas and Oil Board.

NOTICE IS FURTHER GIVEN that you may attend this hearing, with or without an attorney, and offer evidence or state any comments you have. For further information or a copy of the application and any exhibits thereto, you may contact the Virginia Gas and Oil Board, State Oil and Gas Inspector, Department of Mines, Minerals and Energy, Division of Gas and Oil, P.O. Box 159, Lebanon, Virginia 24266, (276) 514-9650 or the Application at the address shown below.

EnerVest Operating, LLC

By: 

Timothy E. Scott

135 W. Main Street, Suite 200

Kingsport, TN 37660

(423) 247-9376

					-1BB	0BB	1BB	2BB	3BB	4BB
78AQ	79AQ	80AQ	81AQ	82AQ	83AQ	0CC	1CC	2CC	3CC	4CC
78AR	79AR	80AR	81AR	82AR	83AR	84AR	85AR	86AR	87AR	88AR
78AS	79AS	80AS	81AS	82AS	83AS	84AS	85AS	86AS	87AS	88AS
78AT	79AT	80AT	81AT	82AT	83AT	84AT	85AT	86AT	87AT	88AT
78AU	79AU	80AU	81AU	82AU	83AU	84AU	85AU	86AU	87AU	88AU
78AV	79AV	80AV	81AV	82AV	83AV	84AV	85AV	86AV	87AV	88AV
78AW	79AW	80AW	81AW	82AW	83AW	84AW	85AW	86AW	87AW	88AW
78AX	79AX	80AX	81AX							

Buchanan Co.

EXHIBIT H-2

ENERVEST OPERATING, LLC
 INCREASED DENSITY DRILLING
 NORA FIELD

PROPOSED UNITS



Date: 8/25/2016

									60AU	61AU	
51AV	52AV	53AV	54AV	55AV	56AV	57AV	58AV	59AV	60AV	61AV	
51AW	52AW	53AW	54AW	55AW	56AW	57AW	58AW	59AW	60AW	61AW	
51AX	52AX	53AX	54AX	55AX	56AX	57AX	58AX	59AX	60AX	61AX	
51AY	52AY	53AY	54AY	55AY	56AY	57AY	58AY	59AY	60AY	61AY	
51AZ	52AZ	53AZ	54AZ	55AZ	56AZ	57AZ	58AZ	59AZ	60AZ	61AZ	
										62AZ	
	52BA	53BA	54BA	55BA	56BA	57BA	58BA	59BA	60BA	61BA	62BA
	52BB	53BB	54BB	55BB	56BB	57BB	58BB	59BB	60BB	61BB	62BB
52BC	53BC	54BC	55BC	56BC							

Dickenson Co.

EXHIBIT H-2
ENERVEST OPERATING, LLC
INCREASED DENSITY DRILLING
NORA FIELD

PROPOSED UNITS
 Date: 8/25/2016

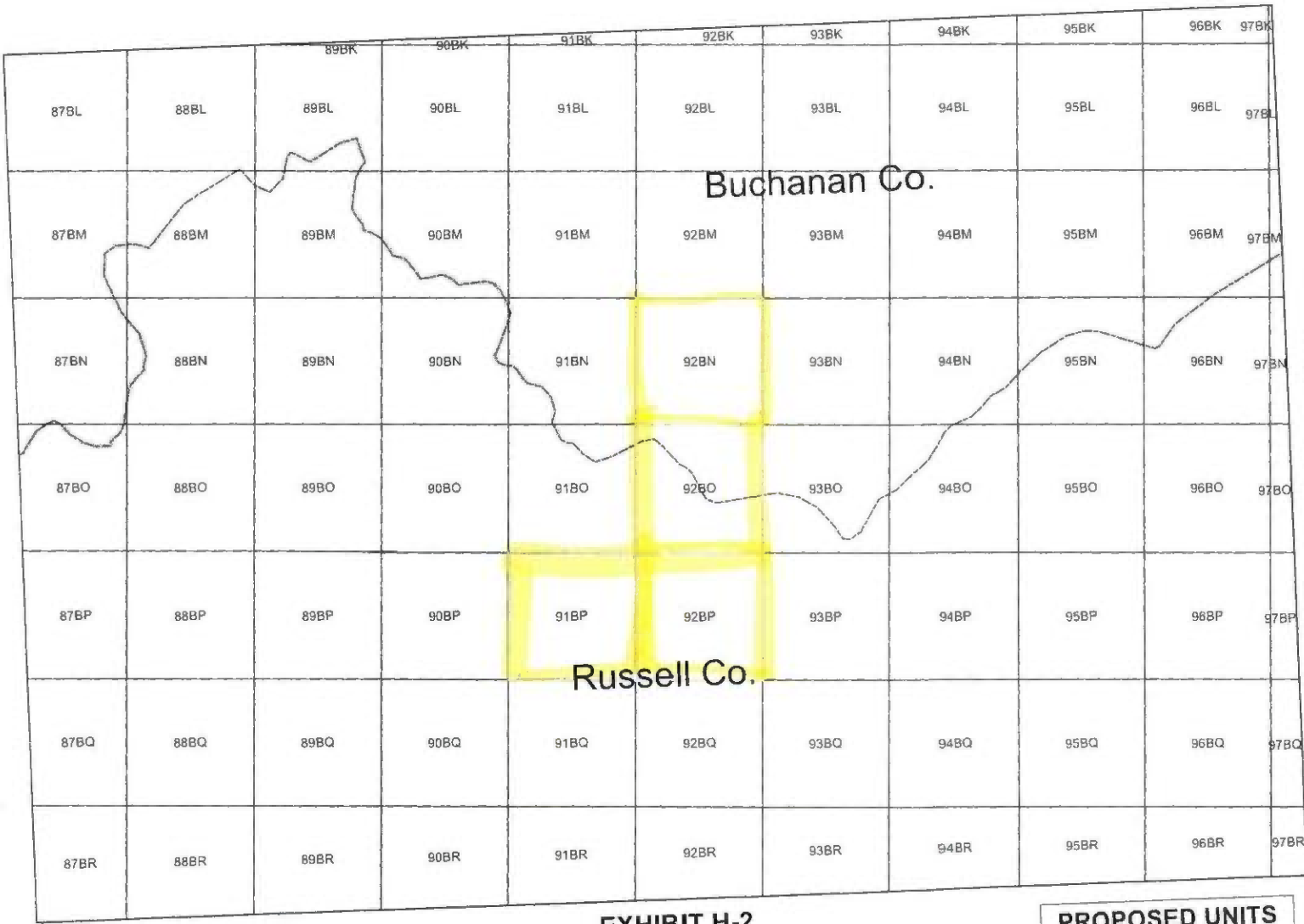


EXHIBIT H-2
ENERVEST OPERATING, LLC
INCREASED DENSITY DRILLING
NORA FIELD

PROPOSED UNITS
 Date: 8/25/2016

AFFIDAVIT OF DUE DILIGENCE

COMMONWEALTH OF VIRGINIA

COUNTY OF RUSSELL

I, Timothy E. Scott, after being duly sworn upon oath, state as follows:

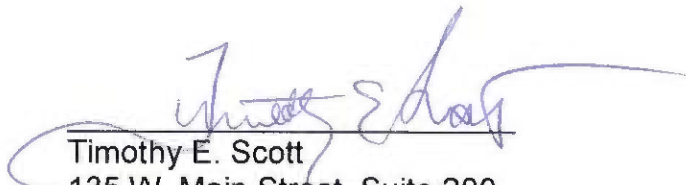
1. I am responsible for the notification process required by VA. Code Ann. § 45.1-361.19 and VR 480-05-22.2 §4.

2. That EnerVest Operating, LLC. has exercised due diligence in attempting to locate and notice all owners and claimants who are unleased and/or who were not previously pooled by prior order(s) of the Virginia Gas and Oil Board regarding **the Nora Coalbed Gas Field**, as required by VA. Code Ann. § 45.1-361.19 and VR 480-05-22.2.

3. That on September 9, 2016, a true and correct copy of the Application, Notice of Hearing with Exhibits were mailed, via certified mail return receipt requested, to all owners and claimants listed in Exhibit B for whom mailing addresses were then available.

4. That EnerVest Operating, LLC will continue to exercise due diligence in attempting to locate and identify the names and/or addresses of any unknown or unlocatable parties and, if located and identified, will notify them of EnerVest Operating, LLC's application.

I have read the foregoing, and the information given above is true and correct to the best of my knowledge and belief.



Timothy E. Scott
135 W. Main Street, Suite 200
Kingsport, TN 37660
(423) 247-9376

ACKNOWLEDGMENT

STATE OF TENNESSEE

COUNTY OF SULLIVAN

TAKEN, SUBSCRIBED AND SWORN to before me this 17th day of October,
2016.

Donna M. Lane

My commission expires: 7-18-2017



Tracking sheet

Exhibit B

Docket No.: VGOB 89-0126-0009-89

Dickenson-Russell Coal Company
Maxxim Shared Services, LLC
Attn: Steve Smith
5703 Crutchfield Drive
Norton, VA 24273

70133020000188245734
9/13/16

ALPHA Land & Reserves, LLC
Attn: Steve Smith
5703 Crutchfield Drive
Norton, VA 24273

70133020000188245727
9/14/16

WBRD LLC
Chad Mooney
5260 Irwin Road
Huntington, WV 25705-3247

70133020000188245710
9/12/16

ACIN LLC
Chad Mooney
5260 Irwin Road
Huntington, WV 25705-3247

70133020000188245703
9/12/16

Scott Boyd
210 County Line Road
Cedar Bluff, VA 24609

70133020000188245697
9/12/16

Larry Boyd
156 Burhead Drive
Haysi, VA 24256

70133020000188245680
9/12/16

Michael Boyd
518 Fish Pond Road
Haysi, VA 24256

70133020000188245673
9/19/16

James Boyd
P.O. Box 416
Haysi, VA 24256

70133020000188245666
9/19/16

Clyde Boyd
P.O. Box 403
Clinchco, VA 24226

70133020000188245659
9/13/16

Hazel Neely
PO Box 155
Davenport, VA 24239

70133020000188245042
9/13/16

Jeanette James
2371 Drill Road
Honaker, VA 24260

70133020000188245035
9/12/16

Judy & Jennings Boyd
3501 Boyds Ridge Road
Vansant, VA 24656

70133020000188245028

Brenda Sue Duty
1222 Boyds Ridge Road
Vansant, VA 24256

70133020000188245011

Ralph Boyd
P.O. Box 122
Maxie, VA 24628

70133020000188245004

Evelyn Coleman
PO Box 97
Haysi, VA 24256

70133020000188245598
9/13/16

Juanita Maddox
1226 Calla Circle
Fayetteville, NC 28303

70133020000188245581
not deliverable as address -
via USPS.com address is correct

Arville Deel
PO Box 144
Davenport, VA 24239

70133020000188245574
9/19/16

Margie Wenner
P.O. Box 313
Davenport, VA 24239

70133020000188245507
9/19/16

Helen Fields
706 Old Stage Road
Surgoinsville, TN 37873

70133020000188245550
9/15/16

Dillard Compton Heirs:
Joey Randall Compton
1069 Cypress Street
Oakwood, VA 24631

70133020000188245543
9/10/16

Kimberly L. Anderson
290 Cook Hollow Road
Bristol, TN 37620

70133020000188245530
9/17/16

Jeanette Compton Heirs:
Elizabeth A. Mathie
2251 Crown Circle
Morristown, TN 37814

70133020000188245529

James Compton
600 N Haun Dr
Morristown, TN 37814

70133020000188245512

Fairy R. Bowman
293 Frying Pan Road
Birchleaf, VA 24220

70133020000188245505
9/13/16

Debra Compton
198 Sutherland Drive
Cleveland, VA 24225

70133020000188245499
9/13/16

Roger Compton
4445 Reeds Valley Road
Castlewood, VA 24224

70133020000188245482
9/22/16

Lottie Collyer
C/O Helen Fields
706 Old Stage Road
Surgoinsville, TN 37873

70133020000188245475
9/15/16

Ruby Bowman
C/O Helen Fields
706 Old Stage Road
Surgoinsville, TN 37873

70133020000188245468
9/15/16

Jearl Fletcher
161 Dawnville Rd Apt J206
Dalton, GA 30721

70133020000188245451

Glenda Kay Fletcher
8864 Helen Henderson Highway
Honaker, VA 24260

70133020000188245444
9/20/16

Christine M. Mack
4495 W Lynwest Dr
Bloomington, IN 47404

70133020000188245437
9/12/16

Betty S. Fletcher
1281 Old Grissom Cr Rd
Honaker, VA 24260

70133020000188245420
9/13/16

Bethel A. Shook
1950 SE Crowberry Dr
Port St. Lucie, FL 34983

70133020000188245413
9/12/16

Gary T. Fletcher
5692 Deskins Rd
Vansant, VA 24656

70133020000188245406

Ruby Perkins
1866 Little Prater Road
Grundy, VA 24614

70133020000188245390

Laura Deel
3650 Kidder Road
Almont, MI 48003

70133020000188245383
9/13/16

Mary J McGlothlin Heirs:
Donald A. McGlothlin, Jr.
P.O. Box 580
Lebanon, VA 24266

70133020000188245376
9/12/16

Wayne Talbert Burton, Sr.
1010 N. Martintown Road
McCormick, SC 29835

70133020000188245369
9/12/16

Mary Louise LaPerla
PO Box 188
Davidson, MD 21035

70133020000188245352
10/3/16

Joseph John LaPerla
3123 Patrick Henry Dr Apt 332
Falls Church, VA 22044

70133020000188245345

Leah Ann McGlothlin
2859 Kennel Gap Road
Oakwood, VA 24631

70133020000188245338

Kevin Timothy McGlothlin
2285 Clifton Farm Rd.
Honaker, VA 24260

7013 3020 0001 88245321
9/14/16

Charles B Counts and Kathryn Kirsch Counts
48359 Silver Lake Rd
Macomb, MI 48042

7013 3020 0001 88245314
9/15/16

Nigel Counts & Susan Counts
7825 Laurinburg Rd
Raeford, NC 28376

7013 3020 0001 88245307

Connie Counts Godfrey
1280 W Oro Grande Dr
Pueblo West, CO 81007

7013 3020 0001 88245291

Retha R Grizzle
Box 362 Hunters Ln
Haysi, VA 24256

7013 3020 0001 88245284
9/13/16

Cheri Lyn Simonenko
5302 Huepers St
Alvin, TX 77511

7013 3020 0001 88245277
9/13/16

Nicole Lyn Simonenko Connolly and Daniel M Connolly
5302 Huepers St
Alvin, TX 77511

7013 3020 0001 88245260
9/13/16

Glenda Cieslinski
4852 Lachene
Warren, MI 48092

7013 3020 0001 88245253

Charles Dale Helton
213 Harris Rd
Gray, KY 40734

7013 3020 0001 88245246
9/14/16

Alesia Nieman
15208 Cambridge
Fraser, MI 48026

7013 3020 0001 88245239

Anna Piatkowski
177 Harris Rd
Gray, KY 40734

7013 3020 0001 88245222
9/14/16

Nancy Elizabeth Prisco and Micheal A Prisco Sr
424 Talamone Dr
Winter Haven, FL 33884

70133020000188245215
9/14/16

Bobby C Rose
PO Box 1869
Honaker, VA 24260

70133020000188245208
9/24/16

E Martin Counts Dr
119 South Germantown Rd
Chattanooga, TN 37411

70133020000188245192
9/15/16

Reba Emily Counts
280 Fairway Dr
Abingdon, VA 24210

70133020000188245185
9/14/16

Carolyn Counts Sharpe
7933 Harper Rd
Hixson, TN 37343

70133020000188245178
9/12/16

RECIPIENT: 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.

Article Addressed to:

WBIRD, LLC
Chad Mooney
5260 Irwin Road
Norton, WV 25705-3247

Article Number
(Transfer from service label)
Form 3811, February 2004

7013 3020 0001 8824 5710
Domestic Return Receipt

102595-02-M-1540

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.

Article Addressed to:

ACIN, LLC
Chad Mooney
5260 Irwin Road
Norton, WV 25705-3247

Article Number
(Transfer from service label)
Form 3811, February 2004

7013 3020 0001 8824 5703
Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Chad Mooney Address
B. Registered by (Printed Name) Address
Chad Mooney *9/12/11*
C. Date of Delivery
9/12/11
D. 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) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Chad Mooney Address
B. Registered by (Printed Name) Address
Chad Mooney *9/12/11*
C. Date of Delivery
9/12/11
D. 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) Yes

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.

Article Addressed to:

Dickenson-Russell Coal Company
Maxxim Shared Services, LLC
Attn: Steve Smith
5703 Crutchfield Drive
Norton, VA 24273

Article Number
(Transfer from service label)
PS Form 3811, February 2004

7013 3020 0001 8824 5734
Domestic Return Receipt

102595-02-M-1540

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.

Article Addressed to:

ALPHA Land & Reserves, LLC
Attn: Steve Smith
5703 Crutchfield Drive
Norton, VA 24273

Article Number
(Transfer from service label)
PS Form 3811, February 2004

7013 3020 0001 8824 5727
Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Paula Bishop Address
B. Registered by (Printed Name) Address
Paula Bishop *9/12/11*
C. Date of Delivery
9/12/11
D. 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) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Steve Smith Address
B. Registered by (Printed Name) Address
Steve Smith *9/12/11*
C. Date of Delivery
9/12/11
D. 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) Yes

INDEX: 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.

Michael Boyd
18 Fish Pond Road
Haysi, VA 24256

Article Number
(Transfer from service label)
Form 3811, February 2004

7013 3020 0001 8824 5673

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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.

Article Addressed to:

ames Boyd
O. Box 416
ysi, VA 24256

Article Number
(Transfer from service label)
Form 3811, February 2004

7013 3020 0001 8824 5666

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Michael Boyd* Addressee
B. Received by (Printed Name) Date of Delivery
Michael Boyd *9-19-16*

D. 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Michael Boyd* Addressee
B. Received by (Printed Name) Date of Delivery
Michael Boyd *9-19-16*

D. 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) Yes

INDEX: 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.

Scott Boyd
210 County Line Road
Cedar Bluff, VA 24609

Article Number
(Transfer from service label)
PS Form 3811, February 2004

7013 3020 0001 8824 5677

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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.

Article Addressed to:

Larry Boyd
156 Burhead Drive
Haysi, VA 24256

Article Number
(Transfer from service label)
PS Form 3811, February 2004

7013 3020 0001 8824 5680

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Thomas A. Boyd* Addressee
B. Received by (Printed Name) Date of Delivery
Thomas A. Boyd *9-12-16*

D. 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X *Larry Boyd* Addressee
B. Received by (Printed Name) Date of Delivery
Larry Boyd *9-12-16*

D. 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) Yes

RECEIVER: 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.

Jeanette James
2371 Drill Road
Onaker, VA 24260

A. Signature *Jeanette James* Agent

B. Restricted Delivery? (Printed Name) *Jeanette James* Address

C. Date of Delivery *9-12-16*

D. 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) Yes

Article Number: 7013 3020 0001 8824 5635
(Transfer from service label)
3 Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

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.

Rudy & Jennings Boyd
501 Boyds Ridge Road
Vansant, VA 24656

A. Signature *RJB* Agent

B. Received by (Printed Name) Address

C. Date of Delivery *9-12-16*

D. 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) Yes

Article Number: 7013 3020 0001 8824 5628
(Transfer from service label)
3 Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

RECEIVER: 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.

Clyde Boyd
P.O. Box 403
Clinchco, VA 24226

A. Signature *Clyde Boyd* Agent

B. Restricted Delivery? (Printed Name) *Clyde Boyd* Address

C. Date of Delivery *9-13-16*

D. 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) Yes

Article Number: 7013 3020 0001 8824 5659
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1

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.

Hazel Neely
P.O. Box 155
Davenport, VA 24239

A. Signature *Hazel Neely* Agent

B. Received by (Printed Name) Address

C. Date of Delivery *9-13-16*

D. 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) Yes

Article Number: 7013 3020 0001 8824 5642
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1

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.

Article Addressed to:

Arville Deel
P.O. Box 144
Newport, VA 24239

Article Number 7013 3020 0001 8824 5574
Form 3811, February 2004
Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

1. Article Addressed to:
Arville Deel
P.O. Box 144
Newport, VA 24239

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
B. Received by (Printed Name) Address
C. Date of Delivery 9-13-10
D. 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) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
B. Received by (Printed Name) Address
C. Date of Delivery
D. 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) Yes

Article Number 7013 3020 0001 8824 5574
Form 3811, February 2004
Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Brenda Sue Duty
1222 Boyds Ridge Road
Vansant, VA 24256

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
B. Received by (Printed Name) Address
C. Date of Delivery
D. 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) Yes

2. Article Number 7013 3020 0001 8824 5611
Form 3811, February 2004
Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Ralph Boyd
P.O. Box 122
Maxie, VA 24628

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

2. Article Number 7013 3020 0001 8824 5604
Form 3811, February 2004
Domestic Return Receipt

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.

Hard Compton Heirs:
 by Randall Compton
 069 Cypress Street
 Oakwood, VA 24631

Article Number: 70J3 3020 0001 8824 5543
 (Transfer from service label)
 Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *[Signature]* Address

B. Received by (Printed Name) Address
 MARGIE WENNER 102595-02-M-1540

C. Date of Delivery
 SEP 16 2004

D. 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) Yes

COMPLETE THIS SECTION ON DELIVERY

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.

Kimberly L. Anderson
 90 Cook Hollow Road
 Bristol, TN 37620

Article Number: 70J3 3020 0001 8824 5536
 (Transfer from service label)
 Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *[Signature]* Address

B. Received by (Printed Name) Address
 KIMBERLY L ANDERSON 102595-02-M-1540

C. Date of Delivery
 SEP 17 2004

D. 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) Yes

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.

Margie Wenner
 P.O. Box 313
 Davenport, VA 24239

Article Number: 70J3 3020 0001 8824 5567
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *[Signature]* Address

B. Received by (Printed Name) Address
 MARGIE WENNER 102595-02-M-1540

C. Date of Delivery
 9-15-04

D. 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) Yes

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.

Helen Fields
 706 Old Stage Road
 Surgoinsville, TN 37873

Article Number: 70J3 3020 0001 8824 5550
 (Transfer from service label)
 PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X *[Signature]* Address

B. Received by (Printed Name) Address
 HELEN FIELDS 102595-02-M-1540

C. Date of Delivery
 9-15-04

D. 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) Yes

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.

Fairy R. Bowman
93 Frying Pan Road
Birchleaf, VA 24220

Article Number 7013 3020 0001 8824 5505
(Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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.

Debra Compton
3 Sutherland Drive
Aveland, VA 24225

Article Number 7013 3020 0001 8824 5499
(Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Fairy Bowman Addressee
B. Received by (Printed Name) Address
C. Date of Delivery 2-13-16
D. 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) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Debra Compton Addressee
B. Received by (Printed Name) Address
C. Date of Delivery 2/13/16
D. 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) Yes

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.

Jeanette Compton Heirs:
Elizabeth A. Mathie
2251 Crown Circle
Morristown, TN 37814

Article Number 7013 3020 0001 8824 5529
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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.

James Compton
600 N Haun Drive
Morristown, TN 37814

Article Number 7013 3020 0001 8824 5512
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Jeanette Heirs Addressee
B. Received by (Printed Name) Address
C. Date of Delivery 2-13-16
D. 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) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Jean Compton Addressee
B. Received by (Printed Name) Address
C. Date of Delivery
D. 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) Yes

RECEIVER: 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.

Article Addressed to:

Ruby Bowman
C/O Helen Fields
706 Old Stage Road
Surgoinville, TN 37873

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Ruby Bowman* Agent Address

B. Received by (Printed Name): *Ruby Bowman* Agent Address

C. Date of Delivery: *2-15-10*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Article Number: 70J3 3020 000J 8824 546B
(Transfer from service label)
S Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

RECEIVER: 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.

Article Addressed to:

Jearl Fletcher
161 Dawnville Rd Apt J206
Dalton, GA 30721

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Jearl Fletcher* Agent Address

B. Received by (Printed Name): *Jearl Fletcher* Agent Address

C. Date of Delivery: *2-15-10*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Article Number: 70J3 3020 000J 8824 545J
(Transfer from service label)
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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.

Article Addressed to:

Roger Compton
4445 Reeds Valley Road
Castlewood, VA 24224

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Roger Compton* Agent Address

B. Received by (Printed Name): *Roger Compton* Agent Address

C. Date of Delivery: *2-15-10*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Article Number: 70J3 3020 000J 8824 5482
(Transfer from service label)
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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.

Article Addressed to:

Lottie Collyer
C/O Helen Fields
706 Old Stage Road
Surgoinville, TN 37873

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Lottie Collyer* Agent Address

B. Received by (Printed Name): *Lottie Collyer* Agent Address

C. Date of Delivery: *2-15-10*

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Article Number: 70J3 3020 000J 8824 5475
(Transfer from service label)
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

INDEX - 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.

Betty S. Fletcher
81 Old Grissom Cr Rd
Honaker, VA 24260

Article Number
(Transfer from service label)
Form 3811, February 2004

70J3 3020 0001 8824 5420

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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.

Bethel A. Shook
50 SE Crowberry Dr
St. Lucie, FL 34983

Article Number
(Transfer from service label)
Form 3811, February 2004

70J3 3020 0001 8824 54J3

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
B. Restricted by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature
B. Restricted by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

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.

Glenda Kay Fletcher
8864 Helen Henderson Highway
Honaker, VA 24260

Article Number
(Transfer from service label)
PS Form 3811, February 2004

70J3 3020 0001 8824 5444

Domestic Return Receipt

102595-02-M-1540

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.

Christine M. Mack
4495 W Lynwest Drive
Bloomington, IN 47404

Article Number
(Transfer from service label)
PS Form 3811, February 2004

70J3 3020 0001 8824 5437

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature
B. Restricted by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature
B. Received by (Printed Name)
C. Date of Delivery
D. Is delivery address different from item 1? If YES, enter delivery address below:

3. Service Type
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

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.

Laura Deel
650 Kidder Road
Milmont, MI 48003

A. Signature  Agent Address

B. Received by (Printed Name)  Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

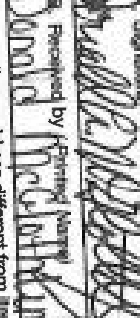
4. Restricted Delivery? (Extra Fee) Yes

Article Number 7013 3020 0001 8824 5383
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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.

Article Addressed to:
Gary J. McGlothlin Heirs:
Donald A. McGlothlin, Jr.
P.O. Box 580
Lebanon, VA 24266

A. Signature  Agent Address

B. Received by (Printed Name)  Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

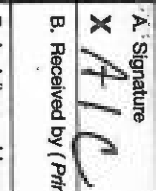
4. Restricted Delivery? (Extra Fee) Yes

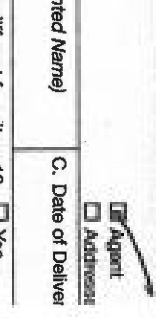
Article Number 7013 3020 0001 8824 5376
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt

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.

Gary T. Fletcher
5692 Deskins Rd
Vansant, VA 24656

A. Signature  Agent Address

B. Received by (Printed Name)  Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

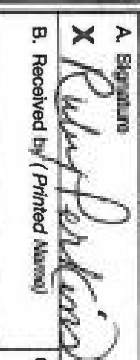
4. Restricted Delivery? (Extra Fee) Yes

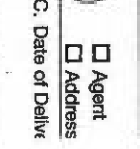
Article Number 7013 3020 0001 8824 5406
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

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.

Article Addressed to:
Ruby Perkins
1866 Little Prater Road
Grundy, VA 24614

A. Signature  Agent Address

B. Received by (Printed Name)  Date of Delivery

D. Is delivery address different from item 1? Yes No
If YES, enter delivery address below:

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

Article Number 7013 3020 0001 8824 5390
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

RECIPIENT: 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.

Joseph John LaPerla
23 Patrick Henry Dr Apt 332
Falls Church, VA 22044

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Address

B. Received by (Printed Name) Agent Address

C. Date of Delivery Agent Address

D. 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) Yes

Article Number 7013 3020 0001 8824 5345
(Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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.

ah Anne McGlothlin
59 Kennel Gap Road
Lakewood, VA 24631

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Address

B. Received by (Printed Name) Agent Address

C. Date of Delivery Agent Address

D. 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) Yes

Article Number 7013 3020 0001 8824 5338
(Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

RECIPIENT: 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.

Wayne Talbert Burton, Sr.
1010 N. Martintown Road
McCormick, SC 29835

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Address

B. Received by (Printed Name) Agent Address

C. Date of Delivery Agent Address

D. 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) Yes

Article Number 7013 3020 0001 8824 5369
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

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.

Mary Louise LaPerla
P.O. Box 188
Davidson, MD 21035

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Address

B. Received by (Printed Name) Agent Address

C. Date of Delivery Agent Address

D. 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) Yes

Article Number 7013 3020 0001 8824 5352
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

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.

gel Counts & Susan Counts
7825 Laurinburg Rd
Raeford, NC 28376

Article Number 7013 3020 0001 8824 5307
(Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
B. Received by (Printed Name) Address
C. Date of Delivery
D. 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) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
B. Received by (Printed Name) Address
C. Date of Delivery
D. 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) Yes

Article Number 7013 3020 0001 8824 5291
(Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt

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.

Kevin Timothy McGlothlin
2285 Clifton Farm Road
Honaker, VA 24260

Article Number 7013 3020 0001 8824 5321
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
B. Received by (Printed Name) Address
C. Date of Delivery
D. 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) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
B. Received by (Printed Name) Address
C. Date of Delivery
D. 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) Yes

Article Number 7013 3020 0001 8824 5314
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt

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.

Charles B. Counts and Kathryn Kirsch Counts
48359 Silver Lake Rd
Macomb, MI 48042

Article Number 7013 3020 0001 8824 5314
(Transfer from service label)
PS Form 3811, February 2004 Domestic Return Receipt

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.

Article Addressed to:
Cheri Lyn Simonenko Connolly & Daniel M. Connolly
5302 Huepers St
Alvin, TX 77511

Article Number: 7013 3020 0001 8824 5260
Form 3811, February 2004
Domestic Return Receipt

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.

Article Addressed to:
Cheri Lyn Simonenko
4852 Lachene
Alvin, TX 77511

Article Number: 7013 3020 0001 8824 5253
Form 3811, February 2004
Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Cheri Lyn Simonenko*
B. Received by (Printed Name): *Cheri Lyn Simonenko*
C. Date of Delivery: *9-13-16*
D. Is delivery address different from item 1? Yes No

3. Service Type
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Cheri Lyn Simonenko*
B. Received by (Printed Name):
C. Date of Delivery:
D. Is delivery address different from item 1? Yes No

3. Service Type
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

102595-02-M-1540

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.

Article Addressed to:
Retha R. Grizzle
Box 362 Hunters Ln
Haysi, VA 24256

Article Number: 7013 3020 0001 8824 5284
Form 3811, February 2004
Domestic Return Receipt

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.

Article Addressed to:
Cheri Lyn Simonenko
5302 Huepers St
Alvin, TX 77511

Article Number: 7013 3020 0001 8824 5277
Form 3811, February 2004
Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Retha R. Grizzle*
B. Received by (Printed Name):
C. Date of Delivery: *9-13-16*
D. Is delivery address different from item 1? Yes No

3. Service Type
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Cheri Lyn Simonenko*
B. Received by (Printed Name):
C. Date of Delivery:
D. Is delivery address different from item 1? Yes No

3. Service Type
 Certified Mail
 Registered
 Insured Mail
 Express Mail
 Return Receipt for Merchandise
 C.O.D.
4. Restricted Delivery? (Extra Fee) Yes

102595-02-M-1540

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.

Anna Piatkowski
177 Harris Rd
Gray, KY 40734

A. Signature Agent
 B. Received by (Printed Name) Address
 C. Date of Delivery Agent
 D. 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) Yes

Article Number 7013 3020 0001 8824 5222
(Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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 Agent
 B. Received by (Printed Name) Address
 C. Date of Delivery Agent
 D. 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) Yes

Article Number 7013 3020 0001 8824 5215
(Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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.

Charles Dale Helton
213 Harris Rd
Gray, KY 40734

A. Signature Agent
 B. Received by (Printed Name) Address
 C. Date of Delivery Agent
 D. 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) Yes

Article Number 7013 3020 0001 8824 5246
(Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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 Agent
 B. Received by (Printed Name) Address
 C. Date of Delivery Agent
 D. 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) Yes

Article Number 7013 3020 0001 8824 5239
(Transfer from service label)
Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

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:
Reba Emily Counts
280 Fairway Dr
Abingdon, VA 24210

Article Number
7013 3020 0001 8824 5185
 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Handwritten Signature]

B. Inscribed by (Printed Name) Agent Address

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

- Certified Mail
- Registered Mail
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

102595-02-M-1546

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:
Jobby C. Rose
P.O. Box 1869
Abingdon, VA 24260

Article Number
7013 3020 0001 8824 5208
 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Handwritten Signature]

B. Inscribed by (Printed Name) Agent Address

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

- Certified Mail
- Registered Mail
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

102595-02-M-11

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:
E Martin Counts Dr
119 South Germantown Rd
Chattanooga, TN 37411

Article Number
7013 3020 0001 8824 5192
 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Handwritten Signature]

B. Inscribed by (Printed Name) Agent Address

C. Date of Delivery
SEP 15 2016

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

3. Service Type

- Certified Mail
- Registered Mail
- Insured Mail
- Express Mail
- Return Receipt for Merchandise
- C.O.D.

4. Restricted Delivery? (Extra Fee) Yes No

102595-02-M-11



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Tracking Number: 701330200001 88245178

Product & Tracking Information

Available Actions

Text Updates

Email Updates

Features: Certified Mail™

STATUS OF ITEM

Delivered, Left with Individual

HIXSON, TN 37343

Your item was delivered to an individual at the address at 2:41 pm on September 12, 2016 in HIXSON, TN 37343.

DATE & TIME
September 12, 2016, 2:41 pm

DATE & TIME	STATUS OF ITEM	LOCATION
September 11, 2016, 1:28 am	Departed USPS Facility	CHATTANOOGA, TN 37421
September 10, 2016, 2:39 pm	Arrived at USPS Facility	CHATTANOOGA, TN 37421
September 9, 2016, 11:59 pm	Departed USPS Facility	KNOXVILLE, TN 37950
September 9, 2016, 10:32 pm	Arrived at USPS Facility	KNOXVILLE, TN 37950

Track Another Package

Tracking (or receipt) number

1 0001 8824 5178

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- Careers

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)
 OFFICIAL USE
 For delivery information visit our website at www.usps.com

Postage \$ _____
 Certified Fee _____
 Return Receipt Fee (Endorsement Required) _____
 Restricted Delivery Fee (Endorsement Required) _____

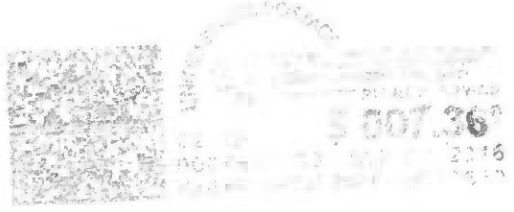
Carolyn Counts Sharpe
 7933 Harper Rd
 Hixson, TN 37343

0997E NT, TN 37343
 DOWNTOWN STATION
 Postmark
 Hixson, TN 37343

PS Form 3800, August 2006 See Reverse for Instructions



7013 3020 0001 8824 5581



First Class Mail

- INSUFFICIENT ADDRESS
 ATTEMPTED NOT KNOWN
 NO SUCH NUMBER/ STREET
 NOT DELIVERABLE AS ADDRESSED
 - UNABLE TO FORWARD
- OTHER



FROM	COMPLETE THIS SECTION ON DELIVERY
Complete the reverse of this mailpiece, if desired.	A. Signature <input checked="" type="checkbox"/> X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	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

7013 3020 0001 8824 5581

Domestic Return Receipt

102595-02-M-1540



Map View of Nora CBM Field

Increased Density Drilling Units Previously Board Approved

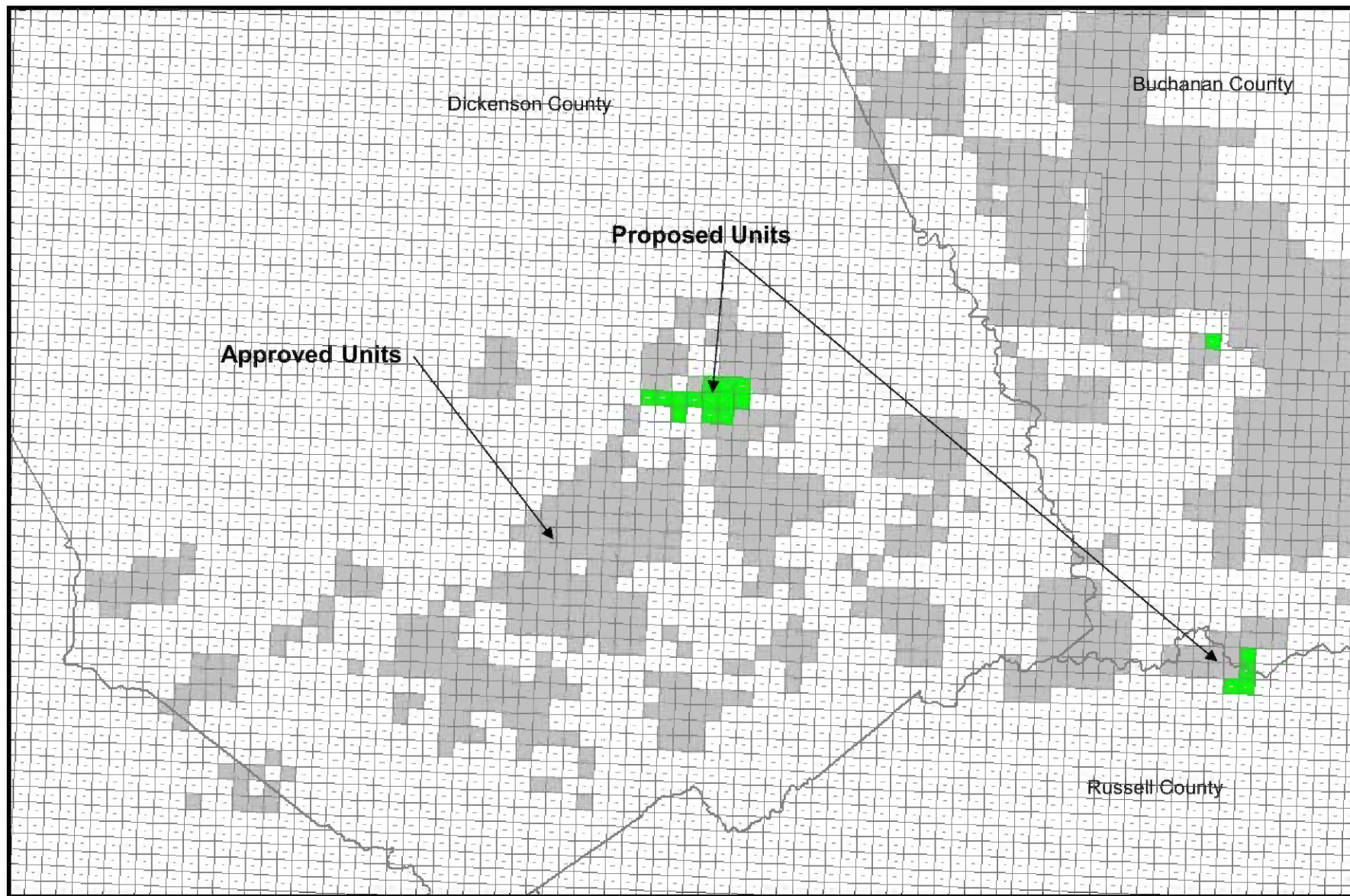


EXHIBIT K (pg 1)

Map View of Nora CBM Field Increased Density Drilling Completed to Date

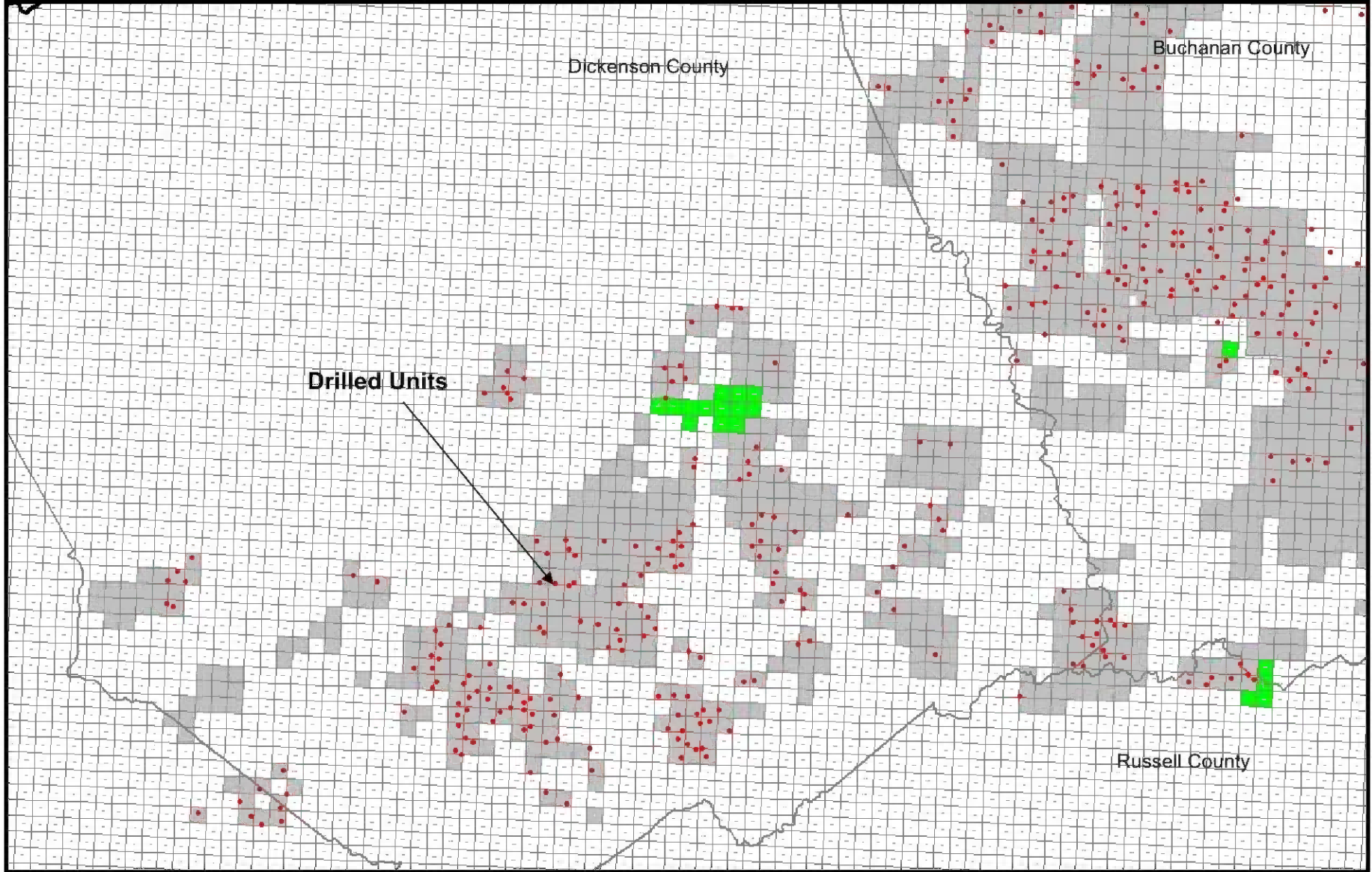
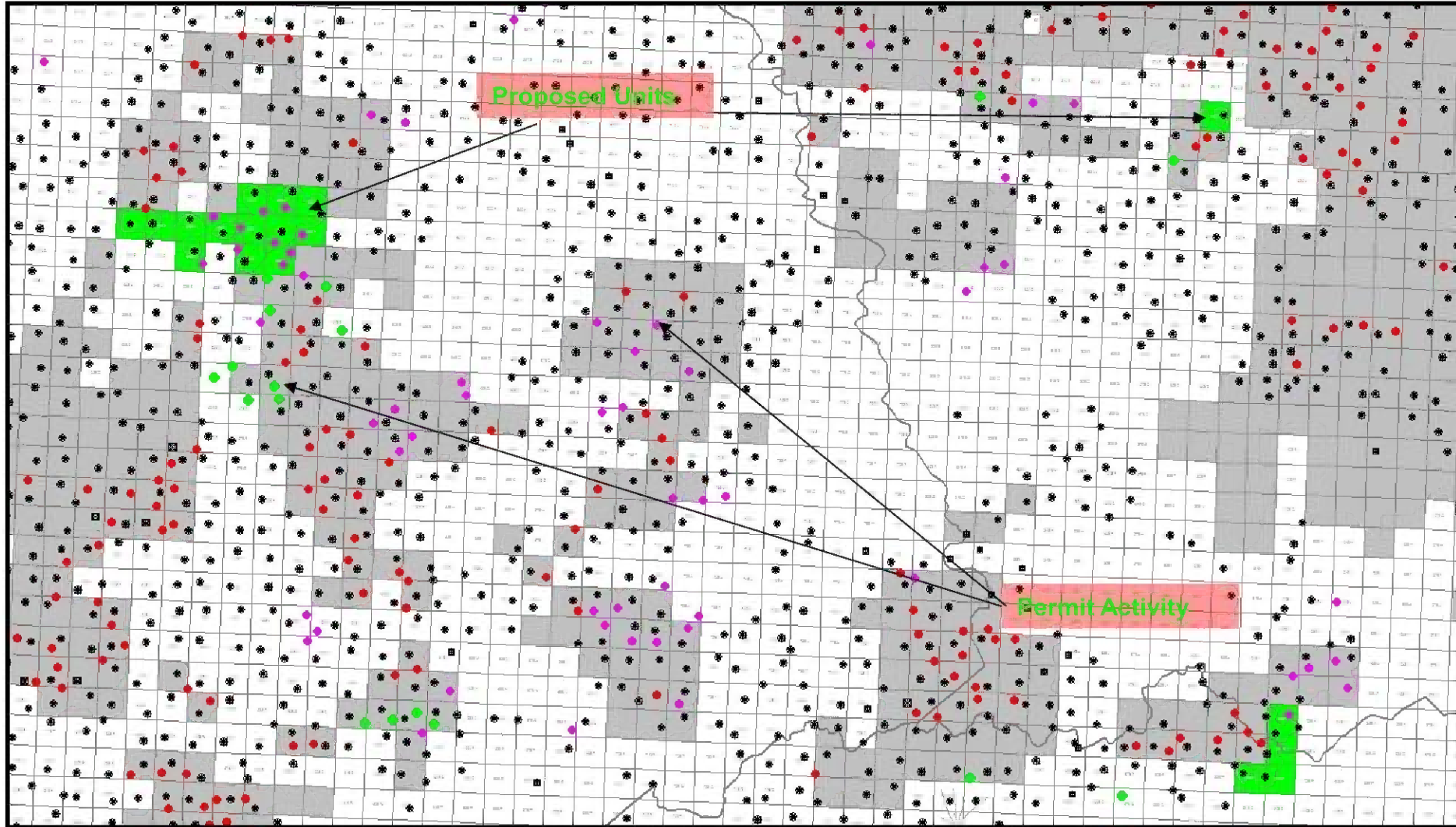
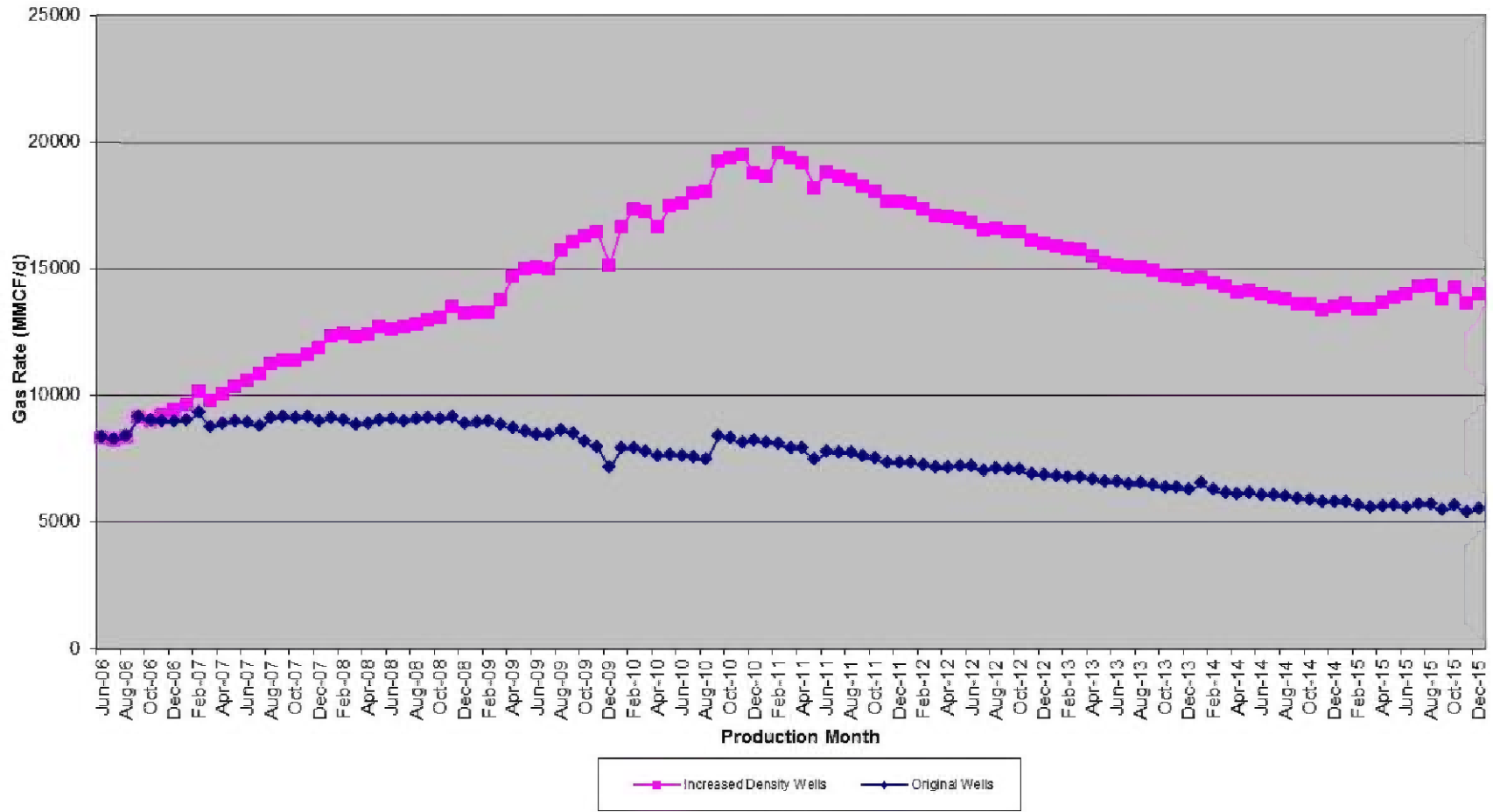


EXHIBIT K (pg 2)

Close up - Map View of Proposed Nora Increased Density Units



Increased Density Drilling Nora Field Thru 12-2015



Benefits of Increased Density Drilling

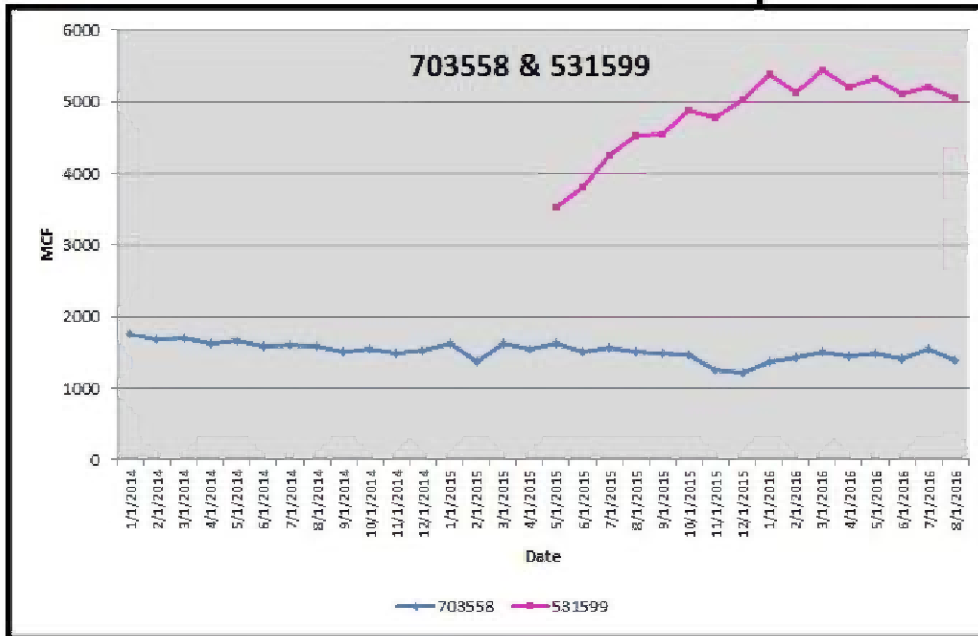
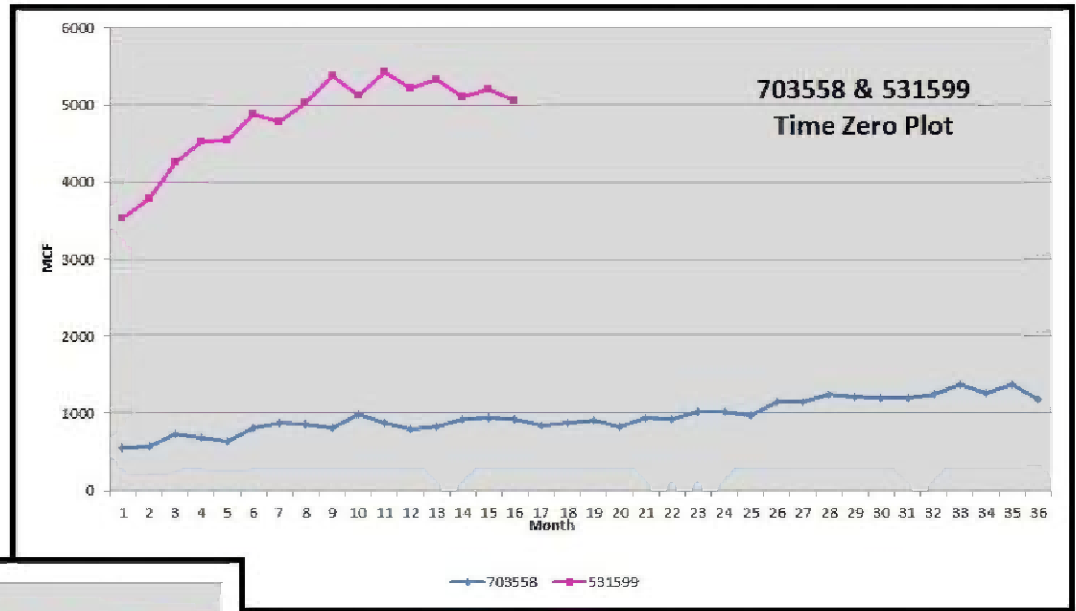
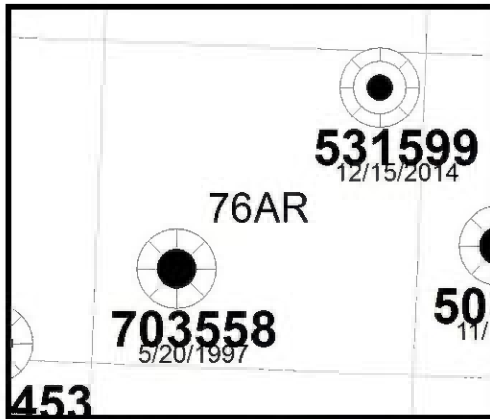
- *Increase fracturing network promoting gas flow at low pressure*
- *Decrease de-watering time frame*
- *Increase recovery factor of reservoir*
- *Reservoir production achieved faster and more economical*
- *No significant negative impact to 1st well production, generally see improvement in existing production*

Infill drilling from 2006 – 2015

Production represents 196 units

EXHIBIT K (pg 4)

Recent Example of Increased Density Drilling



- **Production comparison of two CBM wells drilled 27 years apart in time, recent increased density well**
- **Time zero plot representing improved production in increased density well, benefiting from lower reservoir pressure and dewatering effect or prior development**
- **Graph to left illustrates no significant negative impact to 1st well production and recovery of additional resources**

Summary of Increased Density Drilling

- **Working Interest Owners, Royalty Owners, and the State will benefit by maximizing production**
- **Promote conservation of the gas resource and prevent waste by more effectively extracting the resource**
- **Allow for shared facilities such as roads, pipelines, etc. to help minimize environmental impact**
- **No correlative rights issues within proposed units**

Map View of Coal Mine Activity near Proposed Units

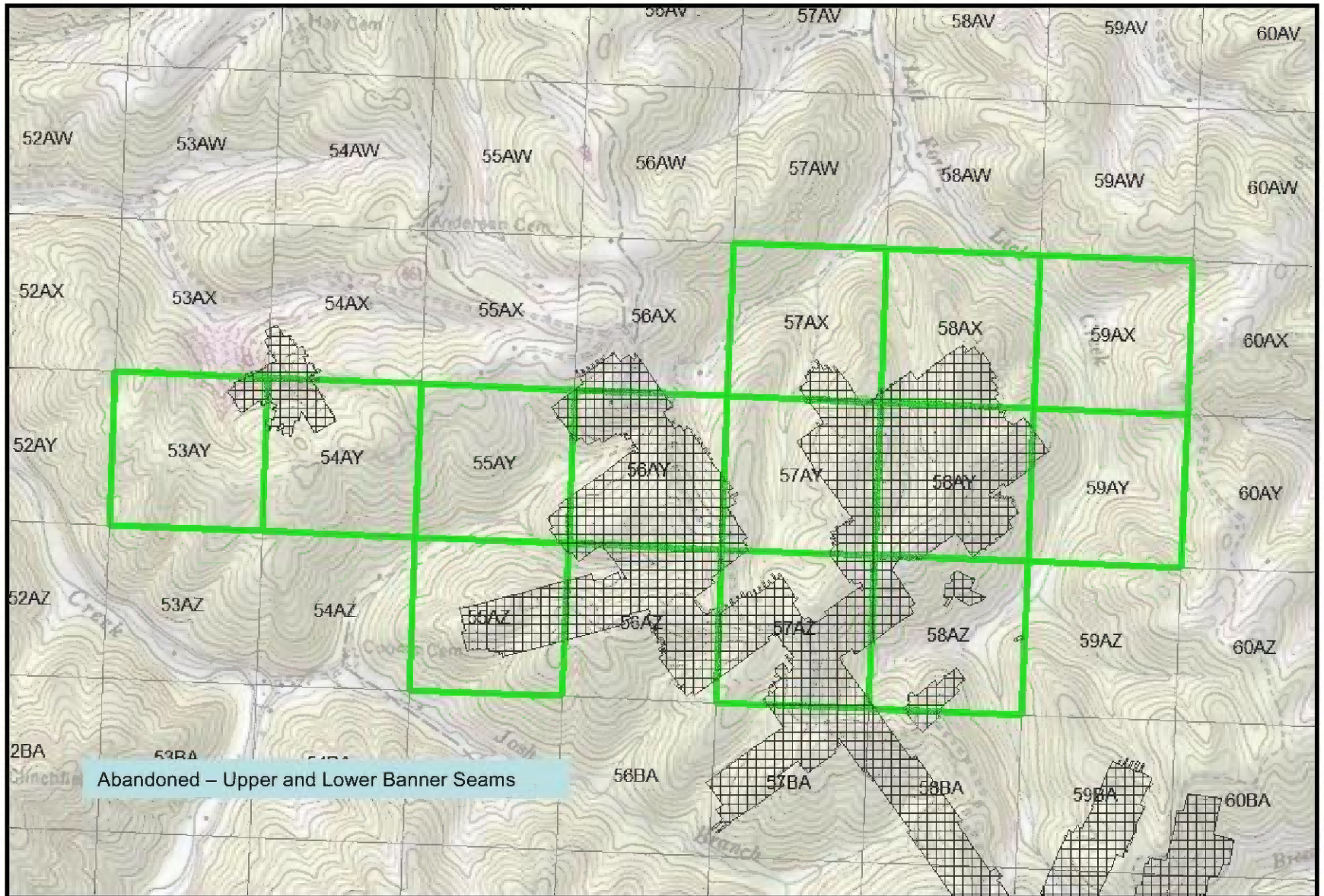
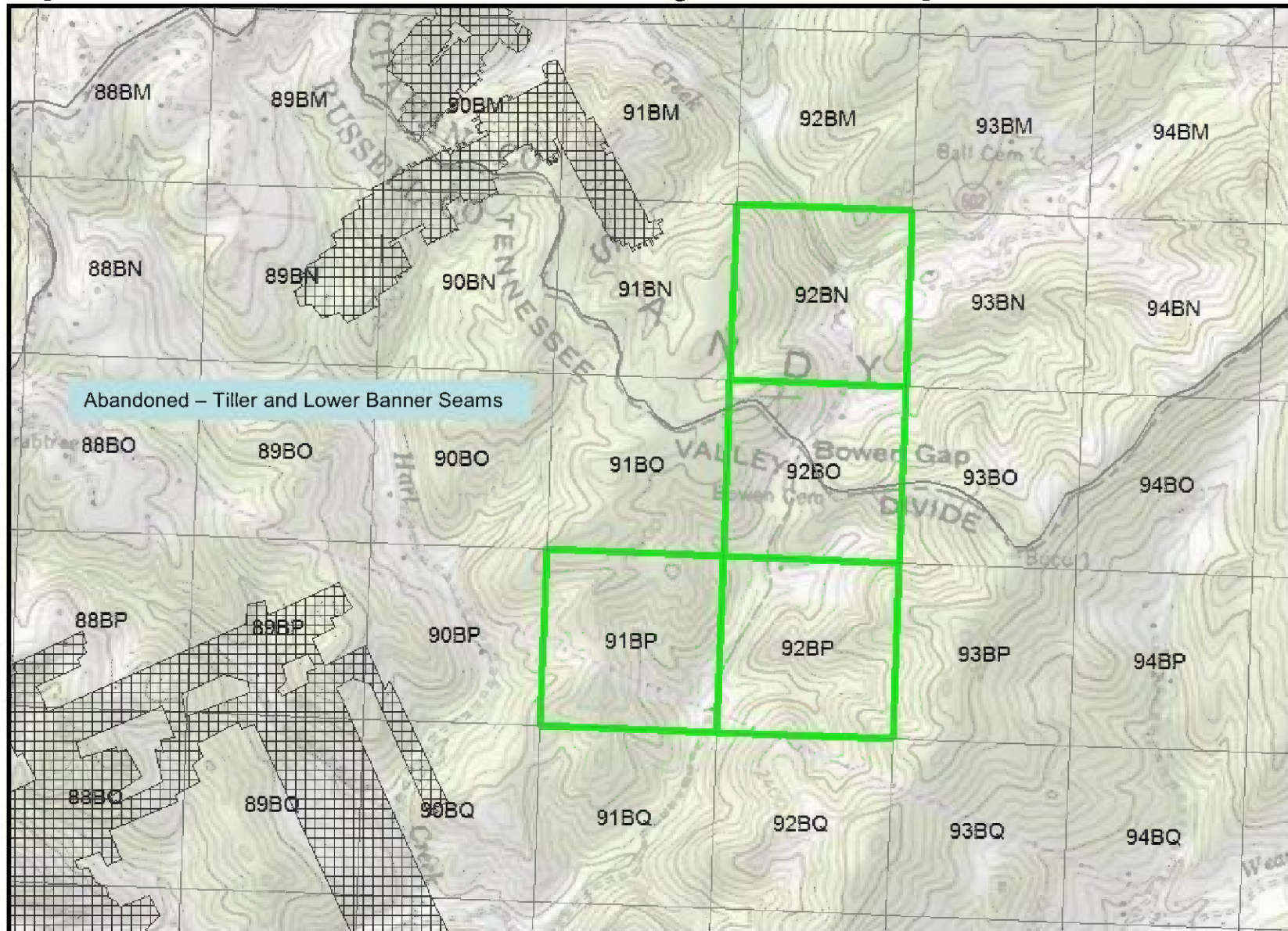


EXHIBIT K (pg 7)

Map View of Coal Mine Activity near Proposed Units



Map View of Coal Mine Activity near Proposed Units

