

# **APPENDIX**

## VALLEY MORNING STAR

★ Wednesday, April 9, 2008

### **PUBLIC NOTICE**

1. **Notice is hereby given** that the Rio Grande Regional Water Planning Group (RGRWPG) Region M is seeking input on the scope of work for Phase II of the Third Round of Regional Water Planning. Written and oral comments regarding the scope of work will be taken at a Public Meeting at **10:30 a.m. on Wednesday, May 28, 2008** at the LRGVDC Transportation Center located at 510 S. Pleasantview Dr., Weslaco, TX. Additional written comments must be received by the RGRWPG by 5:00 p.m. on Tuesday, May 27, 2008, Attn: Ken Jones, LRGVDC Executive Director, 311 N. 15th St., McAllen, TX 78501.

2. **Notice is hereby given** that the Lower Rio Grande Valley Development Council (LRGVDC) as the designated political subdivision for the Region M Group will submit on or before June 13, 2008, a grant application for financial assistance to the Texas Water Development Board (TWDB) on behalf of the RGRWPG (Region M), to carry out the scope of work. The RGRWPG area includes the following counties: Cameron, Hidalgo, Jim Hogg, Maverick, Starr, Webb, Willacy and Zapata.

Copies of the application may be obtained from the LRGVDC at the address below when it becomes available. Written comments regarding the grant application must be submitted to the RGRWPG (Region M) by **5:00 p.m. on May 27, 2008** and to J. Kevin Ward, Executive Administrator, TWDB, P.O. Box 13231, Austin, TX 78711-3231. For further questions or additional information please contact, Ken Jones, at the LRGVDC office, 311 N. 15th Street, McAllen, TX 78501, (956) 682-3481, fax (956) 631-4670.

**The Monitor, [www.themonitor](http://www.themonitor.com)**

**WEDNESDAY, APRIL 9, 2008**

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Jim Hogg  
County

# Enterprise Classifieds Ads

Office: (361) 527-3261 Fax: (361) 527-4545 E-Mail: enterprise78361@aol.com

## **BRUSHLAND REALTY**

Isidro B. Gutierrez Jr. Michael Johnson  
Agent/Owner Agent  
(361) 527-3023 (361) 527-5260  
(361) 319-4560

Ranchland - Commercial - Residential

**RANCHLAND  
COMMERCIAL & RESIDENTIAL  
LOTS - ACREAGE**  
Building on corner of N. Humble & Mesquite St. in Benavides, Tx  
SAC Fenced, HWY Frontage FM 3073

Jim Hogg County  
Seres - Hwy 16  
8+ Acres East Texas St.

**New Listing**  
1202 N. Smith Convenience Store (Perfect to start your own business)  
203 N. Cedar - 3br, 2bath home on two lots. Great location  
1111 W. Bentley 2 (361) 527-3023 with Great Location  
412 E. Limer 3 bedroom 2 bath 2 lots 2 wood burning fire places,  
water well beautiful oak trees great location  
Bruni must sell price reduced owner finance. Low down payment  
210 E. Clayton 3 bedroom 2 bath corner lot ready to move in.  
801 N. Smith Owner Finance small down payment.

811 N. Cedar Large building, with BR (ready to convert to nice residence)  
506 - 508 E. Galbraith  
House and Commercial building (Old Victoria's Shop) Great 2 for 1 deal.  
5.5 Acres Hwy 1017 (Agua Nueva)  
202 N. Santa Clara 2bedroom 1.5 bath on a large fenced corner lot hardwood floor, New paint all appliances water well fruit trees. 2 apts in rear with covered parking plus many extras.  
Bruni Avenue F and 5th 3 lots New 2 car garage 2 buildings

### **Now Hiring**

**F&I Director and Sales Reps.**  
**Escamilla Chevrolet L.P.**  
some experience, preferred but we will train. Offering excellent benefits. Health, Dental and 401K.  
Apply in person

### **Los 3 G Mowing Service**

**No Job to Big or to Small**  
**Call Orly @ 527-5444**  
**or 361-406-9220**  
**Also shredding & Backhoe**

**Longhorn Country Gift Shop**  
**206 W. Viggie**  
**Hebbronville, Tx**  
**(361) 527-5700**

**Ever heard of or been in the shops of Fredricksburg? How about shopping in one right here in Hebbronville?!**  
**M-F 10-6**  
**Sat. 10-2**

**Canales Concrete Ready Mix**  
**Monday - Friday**  
**8 AM - 5 PM**  
**Hwy 359 East**  
**527-4441**  
**Nights & Holidays**  
**Call**  
**Lupe Canales**  
**527-3355**



**IRMA PAIZ**  
Real Estate Agent  
Agente De Bienes & Raices  
361-449-5102

### **New Listing**

**House For Sale**  
\* House For Sale 200 Ave E Bruni, Tx  
\* 670 Acres South of Bruni  
\* 70 Acres North of Bruni  
\* 100 Acres  
\* 20 Acres  
Commercial building For Sale 500 N. Mesquite  
House For Sale 510 E. Viggie

**Under New Management**  
**Same Friendly Service & Reliable Business**

**Gulf Coast Livestock Market L.L.C.**  
3015 S. Hwy 281, Alice, Tx Ph 361-664-4395  
(formerly South Texas Auction Co., Inc)

**Sales Every Tuesday**  
**Now Selling Sheep and Goats**  
**Sheep/Goats Sales @ 10:30AM Cattle Sale @ 11:00AM**

Ricard Shimar: 361-701-9451  
David Shelton: 830-857-5394 Doyle  
Davis 361-4497568

### **GUTIERREZ COMMUNICATIONS**

Over 10yrs. exp. on telephone, ethernet, and cable tv services and installations

Isidro Gutierrez, Jr.  
Owner / Service Technician

P.O. Box 271  
Hebbronville, Tx 78361  
Cell 956-693-8878  
Home 361-527-9078  
ezgtz40@att.net

**The First United Methodist Church Jones Building is for rent to the public. For only a \$50.00 deposit and another \$150.00 before day of use, it can be yours. You will get the deposit (\$50.00) back if you clean up after yourself before you leave. Call the Church office for more information. 527-3058 or 288-2453 Public Service Announcement**

### **Loredo Construction**

**Will build on your lot. Builders of fine quality HOMES Rural Development Program 0% down low monthly payments FREE Pre-Approvals. Call for more info. (956) 386-0633**

**Need a Personal loan fix rates**

**Business Mortgage Debt consolidation Auto Quick approval No application fee Bad credit Ok**  
**Call: 1-866-733-7917**  
trustmanagementf@hotmail.com

**Excellent quality coastal hay, grown in Sandia, Tx. at Knolle dairy. Over edge wrap, 6ft. bales @ \$30. Can arrange hauling. Contact Pearson Knolle 361-813-6551.**

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Copies of the application may be obtained from the LRGVDC at the address below when it becomes available. Written comments regarding the grant application must be submitted to the RGRWPG (Region M) by 5:00 p.m. on May 27, 2008 and to J. Kevin Ward, Executive Administrator, TWD, P.O. Box 13231, Austin, TX 78711-3231. For further questions or additional information please contact, Ken Jones, at the LRGVDC office, 311 N. 15th Street, McAllen, Tx 78501, (956) 682-2481 Fax (956) 631-2670

Wednesday, April 30, 2008.  
 man Resources  
 y of Eagle Pass  
 ) S. Monroe Street  
 gle Pass, TX 78852  
 rnal@cityofeaglepass.com  
 r more information on the  
 y of Eagle Pass, lease  
 it our website at www.  
 yofeaglepass.com. 3-3Thc  
**10 WORKERS NEEDED.**  
 ssemble crafts, wood  
 ms. To \$480/wk.  
 aterials provided. Free  
 formation pkg. 24 Hr.  
 01-428-4649. 3-2tp

*Maverick  
 County*

**TR Owner operators  
 wanted for FLATBED \$1.30  
 /M and Dry Van \$1.20  
 /M. No force dispatch  
 payroll done daily, for  
 more info call (956) 724-  
 525 or (956) 744-5298.**

**Drivers: Local and  
 Regional Oppty's!  
 Earning Top Pay, Miles &  
 Advanced Training Avail@  
 Verner Enterprises  
 300-346-2818, x310  
 Drivers \$ -- Good Miles =  
 \$\$\$.** Good Home time. We  
 need good Singles/Teams  
 and Owner Operators.  
 Midwest runs. CDL -A - 2yrs/  
 OTR. Point Dedicated 1-  
 300-966-6303 - 24hrs a day.  
 Ask for recruiting. 10-15tc

**45-SPECIAL NOTICES**

**Are you paying too much  
 for electricity? Join AMBIT  
 Energy; 10.49 cents pr. Kst.  
 For details call 361-354-  
 3803 or 361-354-1535. 3-2tp**

**51-PUBLIC NOTICES**

**EAGLE PASS HOUSING  
 AUTHORITY  
 NOTICE**

Please take notice that the  
 last day to apply for placement  
 on the Section 8 - Housing  
 Choice Voucher Program  
 waiting list will be April 30,  
 2008. After that date the  
 Housing Authority's Section  
 8 Dept. will not be taking any  
 applications until further notice.

**EAGLE PASS HOUSING  
 AUTHORITY  
 AVISO**

El ultimo dia para solicitudes  
 para la lista de espera de

la Seccion 8 sera el 30 de  
 Abril del 2008. La Autoridad  
 de Viviendas de la Ciudad  
 de Eagle Pass no estara  
 aceptando solicitudes para  
 la Seccion 8 despues de esa  
 fecha hasta nuevo aviso.

**PUBLIC NOTICE**

**1. Notice is hereby given that  
 the Rio Grande Regional Water  
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 on Tuesday, May 27, 2008.  
 Attn: Ken Jones, LRGVDC  
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 Box 13231, Austin, TX 78711-  
 3231. For further questions  
 or additional information  
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 at the LRGVDC office, 311  
 N. 15th Street, McAllen,  
 TX 78501, (956) 682-2481  
 fax (956) 631-4670. 10-1tc**

COUNTY ARIPORT WATER  
 WORKS running annual  
 average for quarter 1 of  
 2008 was 0.098 mg/L.  
 Trihalomethanes are a  
 group of volatile organic  
 compounds that are formed  
 when chlorine, added to the  
 water during the treatment  
 process for disinfection,  
 reacts with naturally-occurring  
 organic matter in the water.  
 Some people who drink water  
 containing trihalomethanes  
 in excess of the MCLs over  
 many years may experience  
 problems with their liver,  
 kidney, or central nervous  
 systems, and may have an  
 increased risk of getting cancer.  
 You do not need to use an  
 alternative water supply.  
 However if you have health  
 concerns, you may want  
 to talk to your doctor to get  
 more information about  
 how this may affect you.  
 We are working to correct  
 the problem. Working on  
 chlorine dioxide generator.  
 If you have any questions  
 concerning this notice, you  
 may contact Ernie Hernandez  
 at (830) 773-4747. 10-1tc

**Eagle Pass Water Works  
 System Public Notice**

The Texas Commission  
 on Environmental Quality  
 ("TCEQ") requires public water  
 systems to monitor drinking  
 water for specific contaminants  
 on a regular basis. Results  
 of regular monitoring are an  
 indicator of whether or not  
 your drinking water meets  
 health standards. During the  
 months of November and  
 December 2007 and for the  
 months of January, February,  
 and March 2008, the Eagle  
 Pass Water Works System did  
 not send on a timely manner  
 Surface Water Monthly  
 Operating Reports  
 (SWMOR) that are due on  
 the 10th of each month.  
 The Eagle Pass Water Works  
 System has taken the following  
 corrective action to prevent a  
 recurrence of the violations:  
 All SWMOR reports will be  
 done on time and sent in  
 before the 10th of each month.  
 Although these reports were not  
 submitted in a timely manner,  
 the quality of water produced  
 was not affected in any matter.  
 If you want more information

# AFFIDAVIT

STATE OF TEXAS X

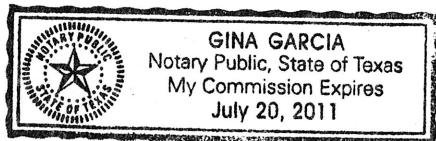
COUNTY OF STARR X

BEFORE ME, the undersigned Authority, on this day personally appeared REBECCA G. CANALES, who being by me duly sworn, deposes and says that she is the EDITOR-PUBLISHER of the STARR COUNTY TOWN CRIER that said newspaper is published weekly in STARR County, Texas, and generally circulated in STARR, County, Texas; and that the attached notice was published in said newspaper on the following date(s), to wit:

APRIL 9, 2008 – PUBLIC NOTICE 1. Notice is hereby given that the Rio Grande Regional Water Planning Group (RGRWPG) Region M is seeking input on the scope of work for Phase II of the Third Round of Regional Water Planning. Written and oral comments regarding the scope of work will be taken at a Public Meeting at **10:30 a.m. on Wednesday, May 28, 2008** at the LRGVDC Transportation Center located at 510 S. Pleasantview Dr., Weslaco, TX. Additional written comments must be received by the RGRWPG by 5:00 p.m. on Tuesday, May 27, 2008, Attn: Ken Jones, LRGVDC Executive Director, 311 N. 15<sup>th</sup> St., McAllen, TX 78501. 2. Notice is also given that the Lower Rio Grande Valley Development Council (LRGVDC) as the designated political subdivision for the Region M Group will submit on or before June 13, 2008, a grant application for financial assistance to the Texas Water Development Board (TWDB) on behalf of the RGRWPG (Region M), to carry out the scope of work. The RGRWPG area includes the following counties: Cameron, Hidalgo, Jim Hogg, Maverick, Starr, Webb, Willacy and Zapata. **PO# 6715**

Rebecca G. Canales  
REBECCA G. CANALES  
EDITOR-PUBLISHER

Subscribed and sworn to before me this the 10<sup>th</sup> day of April, 2008, to certify which witness my hand and seal of office.



Gina Garcia  
NOTARY PUBLIC  
STATE OF TEXAS

My Commission Expires

In testament to its motto, the studio classrooms and halls at Ripley were crowded and buzzing with a multitude of musicians, vocalists, dancers and aspiring actors/actresses (some as young as

Many, the group attended the 'mock audition' session with Jared Gertner where they took turns reading and acting out a script taken from the musical, "Grease."

publique esta oracion.  
aunque no crea mire que  
pasa el cuarto dia.

M. B.

**The Starr County has filed an application for financial assistance with USDA, Rural Development. The specific purpose of this application is for the Construction of Starr County Solid Waste Transfer Station. Any written comments regarding this application should be provided within (15) days of this publication to USDA, Rural Development, at 2514 South I Road Suite 4, Edinburg, Texas 78539 (956) 383-4928. Requests to receive a copy of this application should be directed to this office.**

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LAREDO MORNING TIMES  
P.O. BOX 2129  
LAREDO, TEXAS 78041



STATE OF TEXAS  
COUNTY OF WEBB

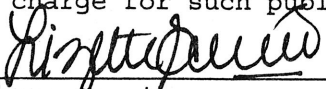
Before me, the undersigned authority, on this day personally appeared Lizette Garcia who on his/her oath states.

I am the BOOKKEEPING CLERK of the LAREDO MORNING TIMES, a newspaper published in Webb County, Texas, and knows the facts stated in this affidavit

Advertisement for ACCT: 036740001 LOWER RIO GRANDE VALLEY DEV. INV# 645215001 L-55 appeared in the LAREDO MORNING TIMES on the following dates:

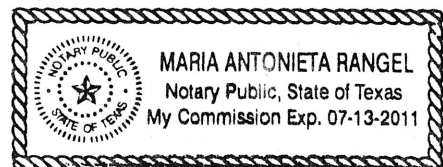
04-10-2008

The charge for such publication being \$162.90

  
\_\_\_\_\_  
Lizette Garcia

Subscribed and sworn to before me this 14<sup>th</sup> day of April, 2008

  
\_\_\_\_\_  
Notary public, Webb County, Texas





# CLASSIFIED

**LEGALS 250**

CAUSE NO.  
2008PB7000021-L1

ESTATE OF  
ANA MARIA CID DE  
HINOJOSA  
DECEASED  
XXXXXXXXXXXX  
IN THE COUNTY COURT  
AT LAW NO. 1 OF WEBB  
COUNTY, TEXAS

**NOTICE TO CREDITORS**

Notice is hereby given that original Letters of Testamentary for the Estate of Ana Maria Cid de Hinojosa, Deceased, were issued on March 25th, 2008, under Docket No. 2008PB7000021-L1, pending in the County Court at Law No. 1 of Webb County, Texas, to:

Ana McManus,  
Independent Executor of the Estate of Ana Maria Cid de Hinojosa, Deceased  
C/O Oscar J. Peña, Sr.  
Laredo, Texas  
78042-1324

All persons having claims against this Estate which is currently being administered are required to present them within the time and in the manner prescribed by law. Dated this 26th day of March, 2008.

*Ana McManus*  
Ana McManus, *Evra* Ana Maria Hinojosa Cid  
Ana McManus,  
Independent Executor  
of the Estate of Ana Maria Cid de Hinojosa, Deceased

L-05

**Notice to Bidders**  
Notice is hereby given that the City of Laredo is now accepting sealed bids, subject to the Terms and Conditions of this Invitation for Bids and other contract provisions, for awarding a yearly contract on portable toilets rental contract. Copies of the bid specifications may be obtained from the Finance Department Purchasing Division, 3512 Thomas Ave., Laredo, Texas 78041 or by downloading from our website: www.cityoflaredo.com. Bids will be received at the Office of the City Secretary, P.O. Box 579, 1110 Houston Street, Laredo, Texas 78042 until 5:00 P.M. on April 17, 2008, and all bids received will be opened and read publicly at 3 P.M. on April 18, 2008.

Bids are to be submitted in a sealed envelope clearly marked:

**BID: Portable Toilet Rental**  
FY08-072

Bids are to be mailed:  
City of Laredo, City Secretary  
C/O Gustavo Guevara Jr.  
City Hall, Third Floor  
PO Box 379  
Laredo, Texas 78042-0579

Hand Delivered:  
City of Laredo, City Secretary  
C/O Gustavo Guevara Jr.  
City Hall, Third Floor

**LOST & FOUND 37**

RECOMPENSA quien entregue  
SD cards (memorias) No  
preguntas 523-9459; 523-9721



**HOMES FOR SALE 61**

**\* BEAUTIFUL HOME**  
108 Lake Superior, 2400 sq.ft.,  
4bd, 3 1/2 bath, formal living  
room, dining room, den,  
breakfast area, landscaping,  
sprinkler system, huge patio &  
gorgeous pool \$279,000  
CALL FOR APPT 645-8926

\*\* Tengo programas limitados  
para que obtenga su casa  
propia, yo le ayudare hasta el  
ultimo proceso de la aplicacion  
no tiene credito o esta  
empezando? Hablele a  
MARTHA al 956-237-5120

\*\*\*\*\*  
\* **Lease with option to**  
\* **purchase your**  
\* **new home.**  
\* **Starting from \$845.00**  
\* **per month**  
\* **Call Wayo @ 236-8171**  
\*\*\*\*\*

\*\*10 HOMES READY TO  
MOVE IN WE HAVE THE E Z  
FINANCING. \$500.00 GETS  
THE PROCESS STARTED.  
NORTH AND SOUTH LOCA-  
TIONS CREDIT IS NOT A  
PROBLEM FOR US. CALL GA-  
BRIEL 956-744-1634

\*\*Aun Pagas Renta?? Yo  
te invito a ser DUENO de  
tu casa. Tengo 4 Casas  
listas para ocuparse hoy  
mismo. Financiamiento  
nuestro. Hablame al  
956-251-0152.

\*\*DEJE DE RENTAR. Yo  
le ayudo a comprar su  
casa nueva. Nosotros Fi-  
nanciamos Llame a Norma  
al 645-2749

\*\*Mal credito, No importa!  
Nosotros lo ayudamos 5 casas  
listas para entregar Norte y Sur  
de Laredo. Con \$500 dis.  
iniciamos el proceso.  
Llama a Cindy 220-9624.

\*\*Need a new home? Credit  
problems? No Problem!!  
I can still get you a new home if  
you have a full time job!!!  
Please call Vinny today @  
645-5167

\*\*Paying \$500.00 on rent?  
In 5 years it's \$30,000.00!  
Stop renting, \$500.00 gets you  
started, I have several homes  
ready today, Call Priscilla @  
956-326-6227

\*\*Tiene problemas  
con su credito?  
Quiere comprar casa?

**HOMES FOR SALE 61**

3/1/1, A/C, Barda de Block, 115  
S. Urban. \$85,000. Portavor  
llamar al 956-334-6777

Beautiful home/Great price  
in La Bota Ranch. 3/2/2.  
Open & spacious floor plan.  
Ceramic tile, Jacuzzi, sprinkler  
system, custom stone land-  
scaping, large porch w/tile. 24  
hrs security, pool, tennis & bas-  
ketball courts, move in cond.  
Nature trails/duck fish pond  
Rental Avail \$147,900  
(956)727-8113

Dbl Wide Mobile home & lot for  
sale. 1700sqft 3bd/2ba \$75K  
Owner Financing w/ down pay-  
ment. 235-8241

Downtown Location 1302  
Salinas. 1610sqft LA To be  
sold as is. \$115,000 Neg.  
Call 523-0188

Hillside corner house. 3/2/2,  
living rm, family rm, very large  
yard, \$155,000. Call for more  
info 645-3088

House for Sale w/ POOL  
2bd/2ba inclosed garage for  
3rd bd, custom cabinets, brick  
home, pool w/ waterfall, palapa  
w/ half bath, block fence. Near  
Trautmann Middle School  
\$147,999 Showing by appoint-  
ments only.  
Call 251-0006

Looking to buy a  
home? I Can help! Call  
Ruben @ 319-0787



New \$85,000 3/2 built on your  
lot easy financing zero down  
753-0071

New Home in Los Presidentes,  
worth \$139,000.00 going for  
\$130,000.00 3 bd, 3 ba, 2 car  
garage, large lot and many ex-  
tras 956-753-6300 ask for Joe

New House For Sale  
3514 S. Arkansas 3bd/2ba.,  
Ceramic tile, High Ceilings,  
Ceiling Fans & Many more ex-  
tras and Big Lot \$115,000  
Call 740-3532

New House, Owner Finance  
3/2, Colonia Santa Rita  
\$115,000. Llame 744-3299



Northwest 3bd, 2 ba, starting  
\$110,000 fixed payments  
Call 753-0071

One of Kind 4/2 spacious rms  
near Wal-Mart & schools.  
Owner Finance 722-5529

Owner Finance, 4/3, Lakeside,  
\$20,000 down, \$376,000 Call  
723-3868

Red Brick House 516 Mus-  
ket Dr. 3bd/2ba w/ security  
alarm, near schools.  
\$110,000 Call 319-1221

**LEGALS 250**

**LEGALS 250**

**PUBLIC NOTICE**

1. **Notice is hereby given** that the Rio Grande Regional Water Planning Group (RGRWPG) Region M is seeking input on the scope of work for Phase II of the Third Round of Regional Water Planning. Written and oral comments regarding the scope of work will be taken at a Public Meeting at 10:30 a.m. on Wednesday, May 28, 2008 at the LRGVDC Transportation Center located at 510 S. Pleasantview Dr., Weslaco, TX. Additional written comments must be received by the RGRWPG by 5:00 p.m. on Tuesday, May 27, 2008, Attn: Ken Jones, LRGVDC Executive Director, 311 N. 15th St., McAllen, TX 78501.

2. **Notice is also given** that the Lower Rio Grande Valley Development Council (LRGVDC) as the designated political subdivision for the Region M Group will submit on or before June 13, 2008, a grant application for financial assistance to the Texas Water Development Board (TWDB) on behalf of the RGRWPG (Region M) to carry out the scope of work. The RGRWPG area includes the following counties: Cameron, Hidalgo, Jim Hogg, Maverick, Starr, Webb, Willacy and Zapata.

Copies of the application may be obtained from the LRGVDC at the address below when it becomes available. Written comments regarding the grant application must be submitted to the RGRWPG (Region M) by 5:00 p.m. on May 27, 2008 and to J. Kevin Ward, Executive Administrator, TWDB, P.O. Box 13231, Austin, TX 78711-3231. For further questions or additional information please contact, Ken Jones, at the LRGVDC office, 311 N. 15th Street, McAllen, TX 78501, (956) 682-3481, fax (956) 631-4670.

L-55

**LEGALS 250**

**Performance Evaluation Specialist**

Abtex Beverages, LTD., an independent Pepsi and Dr Pepper bottler is seeking qualified candidates to assist in evaluating employees for the company's performance for pay program. Two years of completed college work or equivalent is required. Some experience with computers (Windows and Excel) and prefers two years of work experience is required. Position covers a designated territory in your area that requires extensive travel (up to 60%). Company offers competitive pay, mileage reimbursement and a comprehensive benefits package (401K, health and dental insurance, flex plan). Opportunity offers exposure to all facets of the soft drink business from production to the marketplace and all points in between. Pay starts at \$8,700 and up, DOE. Please apply to 4700 N Santa Maria, Laredo, TX 78041.

**EEOE/AAP EMPLOYER**

**LEGALS 250**

**NOTIFICATION OF IMPOUND VEHICLE**

VEHICLES WHERE IMPOUNDED BY THE AUTHORITY OF THE COUNTY OF WEBB SHERIFF DEPARTMENT.

- 2000 FORD TAURUS VIN# 1FADP5522YA160079 LIC# 946VHS (GREY)
- 2001 SUZUKI 250 ATV VIN# JSAAJ41A2F123001 LIC# (RED)
- 1996 PLYMOUTH VOYAGER VIN# 1P4GP44R7B302819 LIC# SBC-9439 (MAROON)

**LEGALS 250**

# Affidavit of Publication

STATE OF TEXAS )  
COUNTY OF WILLACY )

Before me, the undersigned authority, on this day personally appeared Paul E. Whitworth, known to me, who, being by me duly sworn, on his oath, deposes and says that he is the Publisher of THE RAYMONDVILLE CHRONICLE/NEWS, a newspaper published in the city of Raymondville, in the county of Willacy; that a copy of the within foregoing notice was published in the English/Spanish language, on

4/9/08

## PUBLIC NOTICE

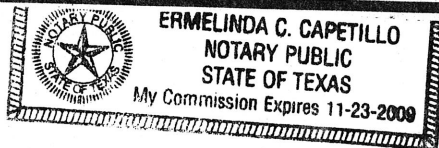
1. Notice is hereby given that the Rio Grande Regional Water Planning Group (RGRWPG) Region M is seeking input on the scope of work for Phase II of the Third Round of Regional Water Planning. Written and oral comments regarding the scope of work will be taken at a Public Meeting at **10:30 a.m. on Wednesday, May 28, 2008** at the LRGVDC Transportation Center located at 510 S. Pleasantview Dr., Weslaco, TX. Additional written comments must be received by the RGRWPG by 5:00 p.m. on Tuesday, May 27, 2008, Attn: Ken Jones, LRGVDC Executive Director, 311 N. 15th St., McAllen, TX 78501.

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Copies of the application may be obtained from the LRGVDC at the address below when it becomes available. Written comments regarding the grant application must be submitted to the RGRWPG (Region M) by **5:00 p.m. on May 27, 2008** and to J. Kevin Ward, Executive Administrator, TWDB, P.O. Box 13231, Austin, TX 78711-3231. For further question or additional information please contact, Ken Jones, at the LRGVDC office, 311 N. 15th Street, McAllen, TX 78501, (956) 682-3481, fax (956) 631-4670.

P.O. # 6716

4/9/08 15-1TC



*Ermelinda C. Captillo*  
Notary Public, Willacy County

My commission expires November 23, 2009.

**Classifieds Line Ads**  
 \$7.50 for first 25 words & .25 cents for each additional word  
 Buy Your Ad For  
 3 Weeks \$6.00 per week  
 4 Weeks \$5.63 per week

# Super Classifieds



Call  
 (956) 765-6931

**CALL OR COME IN TO PLACE YOUR CLASSIFIED ADS!!**  
 SE HABLA ESPANOL

## Homes for Sale

TWO story house with one acre for sale, 31 trees (oak & citrus), brand new timed water system, fenced, located at Rancho Tepozan on Highway 83. For more information call (956) 765-6205 or (956) 750-6205.

LARGE house for sale, located on 2 1/2 lots, privacy wall, \$40,000 cash-FIRM! Call (956) 765-6278 or (956) 750-2240 for more information.

MULTI-LEVEL home with apartment addition for sale, spacious, large fenced lot, great lake views & carports for boat/RV, located at 101 Penguin (Falcon Meza)! Excellent investment property, it can easily be converted into two separate rentals! Call (956) 763-1627 for more information.

THREE bedroom, two bath home for sale, two fenced lots, garage, plenty of storage, good starter home at 5414 Pascual Lane in Siesta Shores area for \$45,000 OBO. No owner finance. For serious offers call (956) 337-9174 for more information.

**Shop ZAPATA First!**  
 Visit Your Hometown Businesses!

## Items for Sale

CALCULATOR tape, 1 1/2" size, 12 rolls and scotch tape for your tape dispenser, 24 rolls for sale, two replacement twin spool ribbons for Canon, Royal or Sharp, four replacement toner cartridges for Ricoh copier, color & black cartridges for a Cannon printer, color & black cartridges for an Epson printer and 11"X17" paper, make offer. Contact Zapata County News at 765-6931.

## Furniture for Sale

TWO small cloth living room chairs, beige, swivel & rock. Please call (956) 334-8224 or (956) 765-3309 for more information.

## Minerals Wanted

WANT to purchase minerals and other oil/gas interests. Send details to: P.O. Box 13557, Denver, Colorado, 80201.

## Give Away

OLD newspapers to give away, good for packing and cleaning windows, we also have shredded, which makes great compost! Contact Zapata County News at 765-6931.

## Help Wanted

DRIVERS: Local and Regional Opportunities! Earning top pay, miles & advanced training available at Werner Enterprises, (800) 346-2818, extension 310!

C A B L E Contractors needed to perform disconnect & collections, no experience necessary, need own truck & insurance, \$600 weekly! Call (956) 727-9870 for more information.

DRIVERS: One year CDL-A, Laredo Terminal, top pay, benefits, home time, dedicated lane, 100% no-touch, apply at [Carter Express.com](http://CarterExpress.com). For more information call (800) 738-7705.

LAS LOMAS HAULING now hiring experienced truck drivers, belly dump & vacuum operator, CDL license required! For applications contact Victor Guerra at (956) 763-0189 or P.O. Box 1223, Zapata, Texas 78076 for more information.

R & R Collision Center is looking for a certified Auto Body Technician & Painter, paid on commission! Contact Lee Rivera or Ricardo Rivera at (956) 487-1034 for more information.

## Public Notice

NOTICE OF PUBLIC SALE of property to satisfy landlord's lien. Sale is June 12, 2008 at F.M. 451, Zapata, Texas, Highway 496 Storage Units at 9:00 a.m. Property will be sold to the highest bidder for cash. Cleanup and removal deposit may be required. Seller reserves the right to withdraw property from sale. Property includes contents of spaces of following tenants: Don Campbell, ceramics & molds; Montalvo Root Plowing/Jaime A. Pena, machinery; Petra Benavidez, household items; Humberto Gutierrez, household items and Samuel Solis, Jr., household items. Contact Mrs. Vela at (956) 765-6053 for more information.

**Place an ad Today**

## Read The Local News

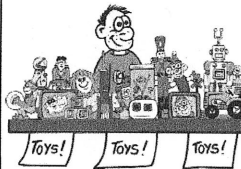
At the beginning of the day, take the time to relax and catch up on current events with *The Zapata County News*.

Subscribe today and get news about Zapata! Now staying informed is as easy as staying home.

Call (956) 765-6931 now to subscribe or mail in coupon!

Name \_\_\_\_\_  
 Address \_\_\_\_\_  
 City \_\_\_\_\_  
 State/Zip \_\_\_\_\_  
 Local \$29.00 • Out of County \$49.00 Or call  
 Out of State \$45.00  
 P.O. Box 214 • Zapata, Tx 78076 **956-765-6931**

**Sell Your Treasures! With A Classified Ad!**



Call The Zapata County News at 765-6931 To Place Your Garage Sale!

**Falcon Lake Nursing Home**  
 Is Accepting Applications For:  
**CNA Classes**  
**Beginning on June 23, 2008**  
**Deadline for Applying is June 13, 2008**  
 Please Apply At:  
**Falcon Lake Nursing Home**  
 200 Carla Street  
 Zapata, Texas 78076  
**Phone: (956) 765-3040**  
**Fax: (956) 765-4039**  
 Equal Opportunity Employer

## RIO GRANDE REGIONAL WATER PLANNING GROUP SOLICITATION OF NOMINATIONS

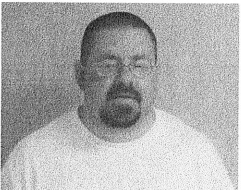
The Rio Grande Regional Water Planning Group (RGRWPG) is seeking nominations to fill a vacancy on the voting membership. Nominations will be accepted for one (1) vacancy in the Municipal Category and (1) vacancy in the Small Business Category

**Deadlines for receipt of Nominations: 5:00 p.m. on July 18, 2008.**

Nominations must be submitted in written form to the RGRWPG Executive Committee, c/o Kenneth N. Jones, Jr., Executive Director of the Lower Rio Grande Valley Development Council (LRGVDC), 311 North 15th Street, McAllen, Texas 78501-4705.

Details regarding eligibility criteria for the interest categories identified, the conditions of membership and other questions regarding objectives of the RGRWPG may be obtained by contacting the LRGVDC at the above address or by calling (956) 682-3481.

## Zapata County Sheriff's Office



**Public Notice** - In accordance with Texas Code of Criminal Procedure Article 62.03 (e), the following person has registered with the Zapata County Sheriff's Office as a sex offender:

Sherrill D. Westmoreland, 38 year old male, 5310 Mercedes Lane in Zapata, Texas; Lifetime registered sex offender, violation of (Indecency With A Child By Contact/ Second Class Felony), victim was 13 years old.

Photographs are available on the D.P.S. Website: <http://records.txdps.state.tx.us>.

**Notificación Publica** - Segun la ley de Texas Code of Criminal Procedure, Artículo 62.03 (e), la siguiente persona ha sido registrado con el condado de Zapata en la oficina del departamento de sheriff como culpabe de un delito sexual:

Sherrill D. Westmoreland, un hombre de 38 años de edad, reside en 5310 Calle Mercedes Lane en Zapata, Texas; registrado con delito de abuso sexual por vide, violacion (Indecencia Sexual Con Una Nina Menor, Dos Class Felony) la victima tenia cuatro años de edad.

Fotografias pueden obtenerse con el Departamento de Seguridad Publica en correo electronico: <http://records.txdps.state.tx.us>.

**Help Wanted**  
**Falcon Lake Nursing Home**  
 Is Accepting Applications For:  
**LVN's & CNA's**  
**Certified Dietary Supervisor**  
**Medication Aide**  
**Administrator**  
 Salary Based Upon Experience  
 Please Apply At:  
**Falcon Lake Nursing Home**  
 Attention: Susan Graves or Dina Cooper  
 Box 1434 Stop 14B  
 200 Carla Street  
 Zapata, Texas 78076  
**Phone: (956) 765-3040**  
**Fax: (956) 765-4039**  
 E-Mail:  
[falconlakenursinghome@bluemoon.cc](mailto:falconlakenursinghome@bluemoon.cc)  
 Equal Opportunity Employer

## Docket No. 1,698

ESTATE OF AUGUSTINE ALANIZ, DECEASED § IN THE COUNTY COURT OF § ZAPATA COUNTY, TEXAS

### NOTICE TO CREDITORS

Notice is hereby given that original Letters of Administration for the Estate of **Augustine Alaniz**, Deceased, were issued on March 11, 2008, under Docket No. 1,698, pending in the County Court of Zapata County, Texas, to Applicants, Guadalupe Alaniz and Marie Kathryn Alaniz.

Claims may be presented in care of the attorney for the estate, addressed as follows:

Representative,  
 Estate of **Augustine Alaniz**, Deceased  
 c/o Gene S. Hagood Attorney at Law  
 1520 East Highway 6 - Alvin, Texas 77511

All persons having claims against this estate, which is currently being administered are required to present them within the time and in the manner prescribed by law.

May 26, 2008

Respectfully submitted,  
**HAGOOD & NEUMANN, L.L.P.**  
 1520 East Highway 6  
 Alvin, Texas 77511  
 (281) 331-5757  
 Fax: (281) 331-1105  
 By: Gene S. Hagood  
 SBOT: 08698400

## Marcie Oviedo

---

**From:** Aminta Cuellar [Acuellar@tceq.state.tx.us]  
**Sent:** Friday, April 11, 2008 10:10 AM  
**To:** Marcie Oviedo  
**Cc:** Erasmo Yarrito  
**Subject:** Re: Water Rights Holders Mail out

Yes, we received them on Monday. The report will go out either today or Monday. We will make sure they go out .  
thanks,  
aminta

>>> "Marcie Oviedo" <moviedo@lrgvdc.org> 4/11/2008 9:31 AM >>>  
Aminta,

Just checking back with you on the mail out for the 14th. Mr. Jones dropped off the copies with Kimberly, for your mail out. Please call or e-mail if you need anything else.

Thanks

Marcie



# RIO GRANDE

REGIONAL WATER PLANNING GROUP

\*Glenn Jarvis  
Attorney, McAllen, *Chairman*

\*James Darling, Attorney  
City of McAllen, *Vice-Chairman*

\*Mary Lou Campbell  
Sierra Club, Mercedes, *Secretary*

\*Robert E. Fulbright  
Hebbronville

\*Roberto Gonzalez  
Waterworks, Eagle Pass

Jose Aranda  
Maverick Co. Judge, Eagle Pass

John Bruciak  
Brownsville PUB

Sonia Najera  
The Nature Conservancy

Charles Browning, Jr.  
North Alamo Water Supply Corp.

Joe Guerra  
Laredo Power Station

Sonny Hinojosa  
HCID No. 2, San Juan

Sonia Kaniger  
CCID No. 2, San Benito

James R. Matz  
Palm Valley

Donald K. McGhee  
Hydro Systems, Inc., Harlingen

Adrian Montemayor  
Water Utilities Dept., Laredo

Ray Prewett  
TCM, Mission

Gary Whittington  
Unifirst Linen Service, Harlingen

John Wood, Commissioner  
Cameron County

\*Executive Committee

**TO:** Mayors, County Judges, Water Districts, Water Suppliers,  
Water Rights Holders, Regional Water Planning Groups,  
and, Interested Individuals

**FROM:** Kenneth N. Jones, Jr., LRGVDC Executive Director

**DATE:** April 14, 2008

**SUBJ:** **Public Notice – Public Meeting to Receive Input on the  
Scope of Work for the Phase II of the Third Round  
of Regional Water Planning and Notice of Application  
for a Water Planning Grant**

## PUBLIC NOTICE

**1. Notice is hereby given** that the Rio Grande Regional Water Planning Group (RGRWPG) Region M is seeking input on the scope of work for Phase II of the Third Round of Regional Water Planning. Written and oral comments regarding the scope of work will be taken at a Public Meeting at **10:30 a.m. on Wednesday, May 28, 2008** at the LRGVDC Transportation Center located at 510 S. Pleasantview Dr., Weslaco, TX. Additional written comments must be received by the RGRWPG by 5:00 p.m. on Tuesday, May 27, 2008, Attn: Ken Jones, LRGVDC Executive Director, 311 N. 15<sup>th</sup> St., McAllen, TX 78501.

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Copies of the application may be obtained from the LRGVDC at the address below when it becomes available. Written comments regarding the grant application must be submitted to the RGRWPG (Region M) by **5:00 p.m. on May 27, 2008** and to J. Kevin Ward, Executive Administrator, TWDB, P.O. Box 13231, Austin, TX 78711-3231. For further questions or additional information please contact, Ken Jones, at the LRGVDC office, 311 N. 15<sup>th</sup> Street, McAllen, TX 78501, (956) 682-3481, fax (956) 631-4670.

*Stewards of water resources from Amistad to the Gulf*

**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:

C.E. Williams  
 Panhandle Groundwater  
 P.O. Box 637  
 White Deer, TX 79097

2. Article Number  
(Transfer from service label)

7006 0810 0004 0898 4003

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Address  
*Juanita Thomas*

B. Received by (Printed Name) C. Date of Delivery  
*Juanita Thomas* 4-11-08

D. Is delivery address different from item 1?  Yes  
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 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

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1. Article Addressed to:

Curtis Campbell  
 Red River Authority of Texas  
 P.O. Box 240  
 Wichita Falls, TX 76307-0240

2. Article Number  
(Transfer from service label)

7006 0810 0004 0898 4010

PS Form 3811, February 2004

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102595-02-M-1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Address  
*Curtis Campbell*

B. Received by (Printed Name) C. Date of Delivery  
*Curtis Campbell*

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**

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- 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:

James (Jim) Parks  
 North Texas Municipal Water  
 P.O. Box 2408  
 Wylie, TX 75098

2. Article Number

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Address  
*JD Christopher*

B. Received by (Printed Name) C. Date of Delivery  
*JD Christopher* 4-10-08

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

PS Form 3811, February 2004

102595-02-M-1

**SENDER: COMPLETE THIS SECTION**

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- 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:

Jim Thompson  
 Region D  
 P.O. Box 1107  
 Atlanta, TX 75551

2. Article Number

(Transfer from service label)

7006 0810 0004 0898 4034

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

Jim Thompson

C. Date of Delivery

4-10-08

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.

1. Article Addressed to:

Tom Beard  
 Attorney At Law  
 P.O. Box 668

2. Article Number

(Transfer from service label)

7006 0810 0004 0898 4041

**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:

John Grant  
 Colorado River MWD  
 P.O. Box 869  
 Big Spring, TX 79721-0869

2. Article Number

(Transfer from service label)

7006 0810 0004 0898 4058

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

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

X *[Signature]*

- Agent
- Address

B. Received by (Printed Name)

C. Date of Delivery

4-18-08

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**

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- 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:

Scot Mack  
Region G  
108 N. Cranbrook Court  
Ingram, TX 78025

2. Article Number

(Transfer from service label)

7006 0810 0004 0898 4065

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X  Agent Address

B. Received by (Printed Name)

Scot Mack

C. Date of Delivery

4-10-08

D. Is delivery address different from item 1?  YesIf 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.

1. Article Addressed to:

Jeff Taylor, PE  
City of Houston Dept. of Public  
Works & Engineering  
611 Walker, 25th Floor  
Houston, TX 77002

2. Article Number

(Transfer from service label)

7006 0810 0004 0898 4072

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X  Agent Address

B. Received by (Printed Name)

Jeff Taylor

C. Date of Delivery

4-11-08

D. Is delivery address different from item 1?  YesIf 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.

1. Article Addressed to:

Kelley Halcomb  
Angelina and Neches River  
P.O. Box 387  
Lufkin, TX 75902-0387

2. Article Number

(Transfer from service label)

7006 0810 0004 0898 4089

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X  Agent Address

B. Received by (Printed Name)

Kelley Halcomb

C. Date of Delivery

4-11-08

D. Is delivery address different from item 1?  YesIf 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.

1. Article Addressed to:

Jonathan Letz  
 Kerr County  
 700 Main Street  
 Kerrville, TX 78028

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 X *Jody Grinstead*  Address
- B. Received by (Printed Name) *JODY GRINSTEAD* C. Date of Delivery *4/10/08*
- 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 (Transfer from service label) **7006 0810 0004 0898 4096**

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7006 0810 0004 0898 4102

Postage	\$	Postmark Here
Certified Fee		
Return Receipt Fee (Endorsement Required)		
Restricted Delivery Fee (Endorsement Required)		
Total Post		

Sent To **John Burke**  
 Aqua Water Supply Corporation  
 P.O. Drawer P  
 Bastrop, TX 78602

**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:

Con Mims  
 Nueces River Authority  
 P.O. Box 349  
 Uvalde, TX 78802

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 X *F. Kruckemeyer*  Address
- B. Received by (Printed Name) *F. Kruckemeyer* C. Date of Delivery *4-10-08*
- 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 (Transfer from service label) **7006 0810 0004 0898 4119**

**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:

Carola Serrato  
 South Texas Water Authority  
 P.O. Box 1701  
 Kingsville, TX 78364

2. Article Number

(Transfer from service label)

7006 0810 0004 0898 4133

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Monica H. Apuzaga*  Agent  
 Address

B. Received by (Printed Name)

C. Date of Delivery

*Monica H. Apuzaga*

D. Is delivery address different from item 1?  YesIf 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.

1. Article Addressed to:

Scott Bledsoe, III  
 Live Oak Underground Water  
 P.O. Box 3  
 Oakville, TX 78060

2. Article Number

(Transfer from service label)

7006 0810 0004 0898 4140

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Scott Bledsoe III*  Agent  
 Address

B. Received by (Printed Name)

C. Date of Delivery

*Scott Bledsoe III* *4/16/08*

D. Is delivery address different from item 1?  YesIf 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.

1. Article Addressed to:

Harold P. "Bo" Brown  
 Texas Cattle Feeders  
 3101 19th Street  
 Lubbock, TX 79410-1402

2. Article Number

(Transfer from service label)

7006 0810 0004 0898 4157

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*V.V. Brown*  Agent  
 Address

B. Received by (Printed Name)

C. Date of Delivery

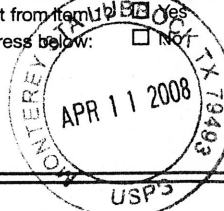
*V.V. Brown* *4-17-08*

D. Is delivery address different from item 1?  YesIf 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.

1. Article Addressed to:

Harrison Stafford, II  
Jackson County  
115 W. Main  
Edna, TX 77957

2. Article Number  
(Transfer from service label)

7006 0810 0004 0898 4164

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Handwritten Signature]*  Agent  
 Addressee

B. Received by (Printed Name) *Shebilak* C. Date of Delivery *7/10*

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 *Cynthia Concha*  Agent  Addressee 
B. Received by (Printed Name) *Cynthia Concha* C. Date of Delivery *4/13/08*
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  No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Honorable Noe T. Loya
Willacy County Pct. 2
295 E. Main St.
Raymondville, TX 78580

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3891
Domestic Return Receipt
PS Form 3811, February 2004 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Jennifer Walker
Lone Star Chapter, Sierra Club
P.O. Box 1931
Austin, TX 78767

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6014
Domestic Return Receipt
PS Form 3811, February 2004 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee 
B. Received by (Printed Name) *J. COCCINS* C. Date of Delivery *4-10-08*
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  No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Carol Palousek
Sunny Dew Water Supply
P.O. Box 754
Raymondville, TX 78580

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5604
Domestic Return Receipt
PS Form 3811, February 2004 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Cornelio Morales
HCID #6
P.O. Box 786
Mission, TX 78572

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5383
Domestic Return Receipt
PS Form 3811, February 2004 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee 
B. Received by (Printed Name) *MARINA DEJIC* C. Date of Delivery *4/14/08*
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  No

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addresssee  
B. Received by (Printed Name) C. Date of Delivery  
Gary Polousek 4-14-08  
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

1. Article Addressed to:  
John Lee Dewitt  
Willacy County Drainage District  
P.O. Box 898  
Raymondville, TX 78580

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3501  
Domestic Return Receipt  
PS Form 3811, February 2004

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 Addresssee  
B. Received by (Printed Name) C. Date of Delivery  
Rusty McDaniel  
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

1. Article Addressed to:  
Bobby "Rusty" McDaniels  
Hidalgo County Irrigation dist. #1  
P.O. Box 870  
Edinburg, TX 78539

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4447  
Domestic Return Receipt  
PS Form 3811, February 2004

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 Addresssee  
B. Received by (Printed Name) C. Date of Delivery  
Rusty McDaniel  
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

1. Article Addressed to:  
Rusty "Rusty" McDaniels  
Hidalgo County Irrigation dist. #1  
P.O. Box 870  
Edinburg, TX 78539

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4447  
Domestic Return Receipt  
PS Form 3811, February 2004

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 Addresssee  
B. Received by (Printed Name) C. Date of Delivery  
Rusty McDaniel  
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

1. Article Addressed to:  
Bobby "Rusty" McDaniels  
Hidalgo County Irrigation dist. #1  
P.O. Box 870  
Edinburg, TX 78539

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4447  
Domestic Return Receipt  
PS Form 3811, February 2004

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

102595-02-M-15

102595-02-M-1540

102595-02-M-1540

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.

1. Article Addressed to:

**Ernesto Reyes**  
**U.S. Fish & Wildlife Service**  
**Route 2, Box 202-A**  
**Alamo, TX 78516**

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 4980**  
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*A. Stremmel*  Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
*G. Steele M. Del* *4-9-08*  
 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.

1. Article Addressed to:

**Jim Darling**  
**Doctors Hospital At Renaissance**  
**5501 S. McColl**  
**Edinburg, TX 78539**

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 4799**  
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Frank Darling*  Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
*FRANK DARLING*  
 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.

1. Article Addressed to:

**Frank Torres**  
**Willacy Co. EMS**  
**P.O. Box 744**  
**Raymondville, TX 78580-0744**

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 4201**  
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Frank Torres*  Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
*Virginia Torres* *4-10-08*  
 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.

1. Article Addressed to:

**Ricardo Gutierrez**  
**Gutierrez Oil Co.**  
**310 Anacua St.**  
**Rio Grande City, TX 78582**

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 4232**  
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Ricardo Gutierrez*  Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
*RICARDO GUTIERREZ* *APR 10 2008*  
 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.



1. Article Addressed to:  
**Honorable Pat Aunshada**  
 City of Brownsville  
 P. O. Box 911  
 Brownsville TX 78520-0911

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 B. Received by (Printed Name)  Addressee  
 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 (Transfer from service label) **7006 0810 0004 0898 4294**  
 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.

1. Article Addressed to:  
**Larry Galbreath**  
 Pletcher's Wholesale Nursery  
 P. O. Box 530070  
 Harlingen, TX 78553

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 B. Received by (Printed Name)  Addressee  
 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 (Transfer from service label) **7006 0810 0004 0898 6519**  
 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.

1. Article Addressed to:  
**Al Blair**  
 Axiom-Blair Engineering  
 P. O. Box 150069  
 Austin, TX 78715

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 B. Received by (Printed Name)  Addressee  
 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 (Transfer from service label) **7006 0810 0004 0898 4935**  
 PS Form 3811, February 2004 Domestic Return Receipt 2595-02-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.

1. Article Addressed to:  
**Gary Whittington**  
 Unifirst Linen Service  
 1514 Fair Park Blvd  
 Harlingen, TX 78550

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 B. Received by (Printed Name)  Addressee  
 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 (Transfer from service label) **7006 0810 0004 0898 4935**  
 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.

1. Article Addressed to:

Joseph W. (Bill) Norris  
 NRS Consulting Engineers  
 P.O. Box 2544  
 Harlingen, TX 78551

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Melanie Gonzalez*  Agent  Addressee

B. Received by (Printed Name) *Melanie Gonzalez* C. Date of Delivery *4/10/08*

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

1. Article Addressed to:



3. Service Type  Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number **7006 0810 0004 0898 4225**  
 (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.

1. Article Addressed to:

Honorable Bob Pinkerton  
 Town of South Padre Island  
 P.O. Box 3410  
 South Padre Island, TX 78597

COMPLETE THIS SECTION ON DELIVERY

A. Signature *John Kovac*  Agent  Addressee

B. Received by (Printed Name) *John Kovac* C. Date of Delivery *4-8-08*

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

1. Article Addressed to:

3. Service Type  Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number **7006 0810 0004 0898 4638**  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

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:

Honorable Oscar De Luna  
 City of San Perlita  
 P.O. Box 121  
 San Perlita, TX 78590

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Oscar De Luna*  Agent  Addressee

B. Received by (Printed Name) *Oscar De Luna* C. Date of Delivery *4/8/08*

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

1. Article Addressed to:

3. Service Type  Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number **7006 0810 0004 0898 4669**  
 (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.

1. Article Addressed to:

Honorable "Buddy" de la Rosa  
 City of Weslaco  
 255 S. Kansas Avenue  
 Weslaco, TX 78596-6158

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Buddy de la Rosa*  Agent  Addressee

B. Received by (Printed Name) *Buddy de la Rosa* C. Date of Delivery *4-8-08*

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

1. Article Addressed to:

3. Service Type  Certified Mail  Express Mail

Registered  Return Receipt for Merchandise

Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number **7006 0810 0004 0898 4591**  
 (Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Melissa McEver  
Valley Morning Star  
1310 S. Commerce St.  
Harlingen, TX 78551

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6434  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Mr. Marga Lopez  
City of Eagle Pass  
100 South Monroe  
Eagle Pass, TX 78852

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5437  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Ruben Diaz  
City of Mission  
2801 N. Holland  
Mission, TX 78574

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5505  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Jack Martin  
Hidalgo County MUD #1  
7400 W. Expressway 83  
Mission, TX 78572

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5437  
PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-154

102595-02-M-154

102595-02-M-1540

102595-02-M-1540

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.

1. Article Addressed to:

Martin Ramirez  
TCEQ  
1804 W. Jefferson Ave.  
Harlingen, TX 78550

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 6403**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
*Martin Ramirez*  Addressee

B. Received by (Printed Name)  Date of Delivery  
*Martin Ramirez* *2-8-04*

C. Date of Delivery  Yes  
D. Is delivery address different from item 1?  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

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:

TWDB  
1828 W. Jefferson  
Harlingen, TX 78550

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 6205**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
*Juan Butas*  Addressee

B. Received by (Printed Name)  Date of Delivery  
*Juan Butas* *2-8-04*

C. Date of Delivery  Yes  
D. Is delivery address different from item 1?  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

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:

Ruben Diaz  
City of Mission Public Works  
2801 N. Holland  
Mission, TX 78574

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 5727**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
*Melissa Garcia*  Addressee

B. Received by (Printed Name)  Date of Delivery  
*Melissa Garcia* *4-8-08*

C. Date of Delivery  Yes  
D. Is delivery address different from item 1?  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

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:

Izela Garcia Fassio  
T40 Telemundo  
3900 N 10th St., 7th Floor  
McAllen, TX 78501

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 5864**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
*Izela Garcia Fassio*  Addressee

B. Received by (Printed Name)  Date of Delivery  
*Izela Garcia Fassio* *2-8-08*

C. Date of Delivery  Yes  
D. Is delivery address different from item 1?  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

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Julian Gonzalez  
City of Mission Public Works  
2801 N. Holland  
Mission, TX 78574

A. Signature  Agent Addressedee  
B. Received by (Printed Name)  Date of Delivery  
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  
(Transfer from service label) 7006 0810 0004 0898 5741  
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Webb Wallace  
Cotton & Grain Producers of the  
P. O. Box 531622  
Harlingen, TX 78553

A. Signature  Agent Addressedee  
B. Received by (Printed Name)  Date of Delivery  
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  
(Transfer from service label) 7006 0810 0004 0898 5796  
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Miria G. Medel Garcia  
Consulate of Mexico  
600 S. Broadway St.  
McAllen, TX 78501

A. Signature  Agent Addressedee  
B. Received by (Printed Name)  Date of Delivery  
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  
(Transfer from service label) 7006 0810 0004 0898 6304  
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Terry Lockamy, Ph.D.  
Tex. Cooperative Ext. Serv.,  
2401 E. Highway 83  
Weslaco, TX 78596

A. Signature  Agent Addressedee  
B. Received by (Printed Name)  Date of Delivery  
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  
(Transfer from service label) 7006 0810 0004 0898 6304  
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Terry Lockamy, Ph.D.  
Tex. Cooperative Ext. Serv.,  
2401 E. Highway 83  
Weslaco, TX 78596

A. Signature  Agent Addressedee  
B. Received by (Printed Name)  Date of Delivery  
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  
(Transfer from service label) 7006 0810 0004 0898 6304  
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Terry Lockamy, Ph.D.  
Tex. Cooperative Ext. Serv.,  
2401 E. Highway 83  
Weslaco, TX 78596

A. Signature  Agent Addressedee  
B. Received by (Printed Name)  Date of Delivery  
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  
(Transfer from service label) 7006 0810 0004 0898 6304  
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Becky Venezia*  
B. Received by (Printed Name) *Becky Venezia*  
C. Date of Delivery *4/8/08*

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

1. Article Addressed to:  
**Robert C. Cornelison**  
**Port Isabel-San Benito Navigation**  
**250 Industrial Dr.**  
**Port Isabel, TX 78578**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 5536**  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Jose Cortina*  
B. Received by (Printed Name) *Jose Cortina*  
C. Date of Delivery *4/11/08*

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

1. Article Addressed to:  
**Jose Luis Cortina**  
**Engleman Irrigation District**  
**P.O. Box 307**  
**Elsa, TX 78583**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 5338**  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Becky Venezia*  
B. Received by (Printed Name) *Becky Venezia*  
C. Date of Delivery *4/8/08*

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

1. Article Addressed to:  
**Honorable Abel Gonzalez, Jr.**  
**Starr County Pct. 4**  
**401 N. Britton**  
**Rio Grande City, TX 78582**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 3662**  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Lou Garza*  
B. Received by (Printed Name) *Lou Garza*  
C. Date of Delivery *4/8/08*

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

1. Article Addressed to:  
**Allen Sturdivant**  
**Tex. Cooperative Extension**  
**2401 East Highway 83**  
**Weslaco, TX 78596**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6311**  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
John Hinojosa  
Hidalgo County  
P.O. Box 1356  
Edinburg, TX 78540

A. Signature *X* *John Escobar*  
B. Received by (Printed Name) *John Escobar*  
C. Date of Delivery *1/18/04*  
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

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 6243**  
Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Honorable Raul Pena, Jr.  
Starr County Pct.2  
P.O. Box 992  
Roma, TX 78584

A. Signature *X* *Raul Pena*  
B. Received by (Printed Name) *Raul Pena*  
C. Date of Delivery *APR 09 2004*  
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

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 3648**  
Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Honorable Hector "Tito" Palacios  
Hidalgo County Pct.2  
301 E. State St.  
Pharr, TX 78577

A. Signature *X* *Wolie Jackson*  
B. Received by (Printed Name) *Wolie Jackson*  
C. Date of Delivery *4-10-04*  
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

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 3921**  
Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
David Mendez  
Bickerstaff, Heath, Pollan & Caroom,  
816 Congress Ave., Ste. 1700  
Austin, TX 78701-2443

A. Signature *X* *Richard Porter*  
B. Received by (Printed Name) *Richard Porter*  
C. Date of Delivery *4-10-04*  
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

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 6373**  
Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Honorables Raul Pena, Jr.  
Starr County Pct.2  
P.O. Box 992  
Roma, TX 78584

A. Signature *X* *Raul Pena*  
B. Received by (Printed Name) *Raul Pena*  
C. Date of Delivery *APR 09 2004*  
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

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 3648**  
Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee   
B. Received by (Printed Name) Linda Fernandez C. Date of Delivery 2/16/04  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Linda Fernandez  
WaterPR  
919 Congress Ave., Suite 460  
Austin, TX 78701

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5000  
Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Honorable Rudy Villarreal  
City of Alamo  
423 N. Tower Rd.  
Alamo, TX 78516

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4263  
Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee   
B. Received by (Printed Name) WILLIAM C. Date of Delivery 4-17-04  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Honorable Oscar L. Garza, Jr.  
Hidalgo County Pct. 4  
1102 Doolittle  
Edinburg, TX 78541

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3884  
Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee   
B. Received by (Printed Name) Juan Andrade C. Date of Delivery 2-16-04  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
City of Brownsville  
P.O. Box 911  
Brownsville, TX 78523

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5284  
Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee   
B. Received by (Printed Name) WILLIAM C. Date of Delivery 4/17/04  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Honorable Rudy Villarreal  
City of Alamo  
423 N. Tower Rd.  
Alamo, TX 78516

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4263  
Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Andy Ballard*  
B. Received by (Printed Name): *Andy Ballard*  
C. Date of Delivery: *4/9/08*

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

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6922  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Jim Hogg County Clerk  
P.O. Box 729  
Hebbronville, TX 78561

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *K. Will*  
B. Received by (Printed Name): *F. ARCE*  
C. Date of Delivery: *4-9-08*

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

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5086  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-1

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Joe Guera  
Topaz Power Group - Laredo  
7300 CPL Road  
Laredo, TX 78041

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.

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Joe A. Barrera  
Brownsville Irrigation & Drainage  
6925 Coffee Port Road  
Brownsville, TX 78521

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.

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Jose A. Hinojosa  
City of Brownsville  
P.O. Box 911  
Brownsville, TX 78520

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Don Arade*  
B. Received by (Printed Name): *Don Arade*  
C. Date of Delivery: *4/8/02*

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

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6250  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Jose A. Hinojosa  
City of Brownsville  
P.O. Box 911  
Brownsville, TX 78520

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature: *Yvette Davis*  
B. Received by (Printed Name): *Yvette Davis*  
C. Date of Delivery: *4-9-08*

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

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5178  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-15

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Joe A. Barrera  
Brownsville Irrigation & Drainage  
6925 Coffee Port Road  
Brownsville, TX 78521

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.



COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  
B. Received by (Printed Name) *Cheryl Jones*  
C. Date of Delivery *APR 15 2004*

D. Is delivery address different from item 1?  Yes  No  
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  No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Lee Kirkpatrick  
Texas State Bank  
6.9 E. Elizabeth  
Brownsville, TX 78520

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5024  
PS Form 3811, February 2004

3. Article Addressed to:  
Honorable Stan Hulse  
City of Laguna Vista  
122 Fernandez Street  
Laguna Vista, TX 78578

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  
B. Received by (Printed Name) *Crystal Martinez*  
C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
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  No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Linda Mercado  
Hidalgo County WC & ID #18  
14901 North Ware Rd.  
Edinburg, TX 78541

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5413  
PS Form 3811, February 2004

3. Article Addressed to:  
Honorable Stan Hulse  
City of Laguna Vista  
122 Fernandez Street  
Laguna Vista, TX 78578

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  
B. Received by (Printed Name) *APOLONIA*  
C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
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  No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Ana Maria Garcia  
U.S. Senator John Cornyn's Off  
222 E. Van Buren Street, Ste 404  
Harlingen, TX 78550

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6076  
PS Form 3811, February 2004

3. Article Addressed to:  
Linda Mercado  
Hidalgo County WC & ID #18  
14901 North Ware Rd.  
Edinburg, TX 78541

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  
B. Received by (Printed Name) *Crystal Martinez*  
C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
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  No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Linda Mercado  
Hidalgo County WC & ID #18  
14901 North Ware Rd.  
Edinburg, TX 78541

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4409  
PS Form 3811, February 2004

3. Article Addressed to:  
Honorable Stan Hulse  
City of Laguna Vista  
122 Fernandez Street  
Laguna Vista, TX 78578

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  
B. Received by (Printed Name) *APOLONIA*  
C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
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  No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Ana Maria Garcia  
U.S. Senator John Cornyn's Off  
222 E. Van Buren Street, Ste 404  
Harlingen, TX 78550

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5413  
PS Form 3811, February 2004

3. Article Addressed to:  
Linda Mercado  
Hidalgo County WC & ID #18  
14901 North Ware Rd.  
Edinburg, TX 78541

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  
B. Received by (Printed Name) *Crystal Martinez*  
C. Date of Delivery

D. Is delivery address different from item 1?  Yes  No  
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  No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Linda Mercado  
Hidalgo County WC & ID #18  
14901 North Ware Rd.  
Edinburg, TX 78541

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4409  
PS Form 3811, February 2004

3. Article Addressed to:  
Honorable Stan Hulse  
City of Laguna Vista  
122 Fernandez Street  
Laguna Vista, TX 78578

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

A. Signature  Agent  
 X *Salina Villanueva*  Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
*Salina Villanueva* 4-11-08  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

1. Article Addressed to:  
 U.S. Senator Kay Bailey Hutchison  
 222 E. Van Buren Street, Ste 404  
 Harlingen, TX 78550

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  
 (Transfer from service label) 7006 0810 0004 0898 6090  
 PS Form 3811, February 2004  
 Domestic Return Receipt  
 102595-02-M-1540

1. Article Addressed to:  
 John Cornyn  
 222 E. Van Buren Street, Ste 404  
 Harlingen, TX 78550

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  
 (Transfer from service label) 7006 0810 0004 0898 6090  
 PS Form 3811, February 2004  
 Domestic Return Receipt  
 102595-02-M-1540

1. Article Addressed to:  
 Mr Dennis Gonzalez  
 Starr County Crt.House Rm#201  
 401 N. Britton Ave.  
 Rio Grande City, TX 78582

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

SENDER: COMPLETE THIS SECTION

A. Signature  Agent  
 X *Salina Villanueva*  Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
*Salina Villanueva* 4-11-08  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

1. Article Addressed to:  
 Kay Bailey Hutchison  
 222 E. Van Buren Street, Suite 404  
 Harlingen, TX 78550

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  
 (Transfer from service label) 7006 0810 0004 0898 6151  
 PS Form 3811, February 2004  
 Domestic Return Receipt  
 102595-02-M-1540

1. Article Addressed to:  
 Kay Bailey Hutchison  
 222 E. Van Buren Street, Suite 404  
 Harlingen, TX 78550

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

SENDER: COMPLETE THIS SECTION

A. Signature  Agent  
 X *Salina Villanueva*  Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
*Salina Villanueva* 4-11-08  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No

1. Article Addressed to:  
 Kay Bailey Hutchison  
 222 E. Van Buren Street, Suite 404  
 Harlingen, TX 78550

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  
 (Transfer from service label) 7006 0810 0004 0898 6151  
 PS Form 3811, February 2004  
 Domestic Return Receipt  
 102595-02-M-1540

1. Article Addressed to:  
 Kay Bailey Hutchison  
 222 E. Van Buren Street, Suite 404  
 Harlingen, TX 78550

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.

1. Article Addressed to:  
Rick Smith  
La Feria IDCC #3  
P.O. Box 158  
La Feria, TX 78559

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4713  
PS Form 3811, February 2004

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 [Signature]  
B. Received by (Printed Name) RICK SMITH  
C. Date of Delivery 4-10-03  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

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.

1. Article Addressed to:  
Curtis Bonner  
Harlingen Waterworks System  
P.O. Box 1950  
Harlingen, TX 78551

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5147  
PS Form 3811, February 2004

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 [Signature]  
B. Received by (Printed Name) JOHN MILLER  
C. Date of Delivery [Date]  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

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.

1. Article Addressed to:  
Sonny Hinojosa  
Hidalgo County Irrigation Dist. #2  
P.O. Box 6  
San Juan, TX 78589

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4713  
PS Form 3811, February 2004

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 [Signature]  
B. Received by (Printed Name) SONNY HINOJOSA  
C. Date of Delivery [Date]  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

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.

1. Article Addressed to:  
John Miller  
Santa Cruz ID #15  
P.O. Box 599  
Edinburg, TX 78540

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4775  
PS Form 3811, February 2004

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 [Signature]  
B. Received by (Printed Name) JOHN MILLER  
C. Date of Delivery [Date]  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

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.

1. Article Addressed to:  
 Larry Walkoviak  
 U.S. Bureau of Reclamation  
 5316 Hwy. 290 West, Suite 510  
 Austin, TX 78735-8931

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 6021**  
 PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  
 B. Received by (Printed Name)  
 C. 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

**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:  
 Rocky Freund  
 Nueces River Authority  
 6300 Ocean Drive, NRC Suite 3100  
 Corpus Christi, TX 78412

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 6502**  
 PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  
 B. Received by (Printed Name)  
 C. 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

**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:  
 Eddie Lucio, III  
 Texas House of Representatives  
 2402 W. Bus. Hwy 77, Ste I  
 San Benito, TX 78586

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 6120**  
 PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  
 B. Received by (Printed Name)  
 C. 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

**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:  
 Sonia Kaniger  
 CCID #2  
 P.O. Box 687  
 San Benito, TX 78586

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 4881**  
 PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*[Signature]*  
 B. Received by (Printed Name)  
 C. 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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
B. Received by (Printed Name)  Addressee  
C. Date of Delivery 4/10/08  
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

1. Article Addressed to:  
Billie Joe Simpson  
East Rio Hondo Water Supply  
P.O. Box 621  
Rio Hondo, TX 78583

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5314  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
B. Received by (Printed Name)  Addressee  
C. Date of Delivery 4/10/08  
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

1. Article Addressed to:  
Gavino Sotolo  
Laguna Madre Water Dist.  
105 Port Road  
Port Isabel, TX 78578

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6212  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
B. Received by (Printed Name)  Addressee  
C. Date of Delivery 4/10/08  
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

1. Article Addressed to:  
Carlos Galvan  
Laguna Madre Water Dist.  
105 Port Road  
Port Isabel, TX 78578

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6229  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

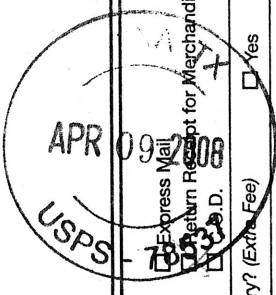
A. Signature  Agent  
B. Received by (Printed Name)  Addressee  
C. Date of Delivery 4/10/08  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

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

1. Article Addressed to:  
Nora Zapata  
Donna Irrigation District H.C. #1  
P.O. Box 775  
Donna, TX 78537

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5215  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-15



COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Address  
B. Received by (Printed Name) *STEVEN ALBERT* C. Date of Delivery *2-2-04*  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Jack Nelson**  
1304 Brook Hollow Drive  
Bryan, TX 77802

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 5079**  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Address  
B. Received by (Printed Name) *Jim Carter* C. Date of Delivery *4-2-03*  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Honorable Salvador Vela**  
City of Alton  
P.O. Box  
Alton, TX 78572

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 4270**  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Address  
B. Received by (Printed Name) *Jose Villegas* C. 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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Jose Villegas**  
Edinburg Public Utilities  
P.O. Box 1079  
Edinburg, TX 78540

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 5222**  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Address  
B. Received by (Printed Name) *Rosvel Espinoza* C. Date of Delivery *4-9-03*  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Tito Nieto**  
Hidalgo County Water  
1325 Pecan  
McAllen, TX 78501

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 5406**  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-

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:

Mr. Antonio Flores  
 Jim Hogg County Pct. 1  
 P.O. Box 729  
 Hebronville, TX 78361

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 3587**

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.

1. Article Addressed to:

Mr. Abelardo Valo Alaniz  
 Jim Hogg County Pct. 2  
 P.O. Box 729  
 Hebronville, TX 78361

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 3594**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
*Andy Villarreal*  Addressee  
 B. Received by (Printed Name)  Address  
*Andy Villarreal* C. Date of Delivery  
 4/9/08  
 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  
*Andy Villarreal*  Addressee  
 B. Received by (Printed Name)  Address  
*Andy Villarreal* C. Date of Delivery  
 4-9-08  
 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  
*Andy Villarreal*  Addressee  
 B. Received by (Printed Name)  Address  
*Andy Villarreal* C. Date of Delivery  
 4/9/08  
 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  
*Diana Villarreal*  Addressee  
 B. Received by (Printed Name)  Address  
*DIANA VILLARREAL* C. Date of Delivery  
 4-9-08  
 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.

1. Article Addressed to:

Mr. Gabriel Villarreal  
 Zapata Pct.2  
 P.O. Box 67  
 San Ygnacio, TX 78067

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 3556**

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.

1. Article Addressed to:

Mr. Gabriel Villarreal  
 Zapata Pct.2  
 P.O. Box 67  
 San Ygnacio, TX 78067

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 3556**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *J. C. Rodriguez* C. Date of Delivery *4/14/08*  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Honorable Danny Valdez**  
Webb County  
1000 Houston St. 3rd Floor  
Laredo, TX 78040

2. Article Number (Transfer from service label) **7006 0810 0004 0898 3709**  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *[Signature]* C. Date of Delivery *8/19/08*  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Mr. Ruben Rodriguez**  
Jim Hogg County Pct. 4  
P.O. Box 729  
Hebronville, TX 78361

2. Article Number (Transfer from service label) **7006 0810 0004 0898 3617**  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *Patricia Gonzalez* C. Date of Delivery *4/9/08*  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  
**1390 W. Exp 33**  
**S.B. TX 78586**

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

1. Article Addressed to:  
**Honorable David Garza**  
Cameron County Pct. 3  
P.O. Box 182  
San Benito, TX 78586

2. Article Number (Transfer from service label) **7006 0810 0004 0898 3860**  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *Patricia Rodriguez* C. Date of Delivery *4/14/08*  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Honorable Santiago Saldaña**  
City of Rio Hondo  
P.O. Box 389  
Rio Hondo, TX 78583

2. Article Number (Transfer from service label) **7006 0810 0004 0898 4652**  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *Patricia Rodriguez* C. Date of Delivery *4/14/08*  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Honorable David Garza**  
Cameron County Pct. 3  
P.O. Box 182  
San Benito, TX 78586

2. Article Number (Transfer from service label) **7006 0810 0004 0898 3860**  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *Patricia Rodriguez* C. Date of Delivery *4/14/08*  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Honorable David Garza**  
Cameron County Pct. 3  
P.O. Box 182  
San Benito, TX 78586

2. Article Number (Transfer from service label) **7006 0810 0004 0898 3860**  
Domestic Return Receipt  
PS Form 3811, February 2004



COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *[Signature]* C. Date of Delivery *[Signature]*  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Honorable Sylvia Handy  
Hidalgo County Pct. 1  
1902 Joe Stevens Ave.  
Weslaco, TX 78596

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3877  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *[Signature]* C. Date of Delivery *[Signature]*  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Carlos Rubinstein  
Watermaster's Office  
1804 W. Jefferson Avenue  
Harlingen, TX 78550-5247

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5925  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *[Signature]* C. Date of Delivery *[Signature]*  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Willacy County  
190 N. 3rd St.  
Raymondville, TX 78580

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3938  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *[Signature]* C. Date of Delivery *[Signature]*  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Bob Liles  
Liles Investments  
1519 Walnut  
McAllen, TX 78501

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5901  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Gary L. Powell*  
X  Agent  
B. Received by (Printed Name) *Gary L. Powell*  
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  
(Transfer from service label) **7006 0810 0004 0898 5758**  
Domestic Return Receipt  
PS Form 3811, February 2004  
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.

1. Article Addressed to:  
**Mary McGill Jormayvaz  
5349 Lynbrook  
Houston, TX 77056**

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  
(Transfer from service label) **7006 0810 0004 0898 5666**  
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Thomas A. Sage*  
X  Agent  
B. Received by (Printed Name) *Thomas A. Sage*  
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  
(Transfer from service label) **7006 0810 0004 0898 5628**  
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-M-15

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:  
**Gary L. Powell  
Aquatic Science Assoc  
8308 Elander Dr.  
Austin TX 78750-7842**

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  
(Transfer from service label) **7006 0810 0004 0898 5758**  
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Thomas A. Sage*  
X  Agent  
B. Received by (Printed Name) *Thomas A. Sage*  
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  
(Transfer from service label) **7006 0810 0004 0898 6526**  
Domestic Return Receipt  
PS Form 3811, February 2004  
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.

1. Article Addressed to:  
**Thomas A. Sage  
Vinson & Elkins LLP  
1001 Fannin St., Ste 2300  
Houston, TX 77002-6760**

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  
(Transfer from service label) **7006 0810 0004 0898 5628**  
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Thomas A. Sage*  
X  Agent  
B. Received by (Printed Name) *Thomas A. Sage*  
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  
(Transfer from service label) **7006 0810 0004 0898 5628**  
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-M-15

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:  
**Eddy Edmondson, TNCP  
Texas Nursery & Landscape Ass'n.  
7730 South IH-35  
Austin, TX 78745-6698**

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  
(Transfer from service label) **7006 0810 0004 0898 6526**  
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
D. Is delivery address different from item 1?  Yes  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

1. Article Addressed to:  
Mona Parras  
Office of J.D. Salinas, County Judge  
100 E. Cano, 2nd Floor  
Edinburg, TX 78539

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6069  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
D. Is delivery address different from item 1?  Yes  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

1. Article Addressed to:  
Fernando Roman  
Nor. American Development Bank  
203 South St. Mary's, Ste 300  
San Antonio, TX 78205

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6182  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
D. Is delivery address different from item 1?  Yes  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

1. Article Addressed to:  
Kim Jont's  
Dept. Environmental Eng.  
917 West Avenue B, Rm 376  
Kingsville, TX 78363

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6281  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
D. Is delivery address different from item 1?  Yes  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

1. Article Addressed to:  
R.J. Brandes  
R.J. Brandes Company  
505 E. Huntland Dr. Ste. 250  
Austin, TX 78752

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6908  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

A. Signature *Phyllis Burnett*  
X Agent Addressed  
B. Received by (Printed Name) *Phyllis Burnett*  
C. Date of Delivery *2/19/04*

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

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6298**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

1. Article Addressed to:  
**Mary E. Kelly**  
Tex. Off of Environmental Defense  
44 East Avenue, Ste 304  
Austin, TX 78701

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Françisco Ponce**  
Dimmit County  
103 North 5th Street  
Carrizo Springs, TX 78834

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6809**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature *Phyllis Burnett*  
X Agent Addressed  
B. Received by (Printed Name) *Phyllis Burnett*  
C. Date of Delivery *2/19/04*

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

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6298**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

1. Article Addressed to:  
**Hidalgo County Clerk**  
100 N. Closner  
Edinburg, TX 78539

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Cari Lambrecht**  
Hidalgo County  
100 E. Cano  
Edinburg, TX 78539

2. Article Number (Transfer from service label) **7006 0810 0004 0898 5642**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature *Phyllis Burnett*  
X Agent Addressed  
B. Received by (Printed Name) *Phyllis Burnett*  
C. Date of Delivery *2/19/04*

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

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6298**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

1. Article Addressed to:  
**Hidalgo County Clerk**  
100 N. Closner  
Edinburg, TX 78539

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Hidalgo County Clerk**  
100 N. Closner  
Edinburg, TX 78539

2. Article Number (Transfer from service label) **7006 0810 0004 0898 5642**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature *Phyllis Burnett*  
X Agent Addressed  
B. Received by (Printed Name) *Phyllis Burnett*  
C. Date of Delivery *2/19/04*

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

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6298**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

1. Article Addressed to:  
**Hidalgo County Clerk**  
100 N. Closner  
Edinburg, TX 78539

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Address   
B. Received by (Printed Name) *Carl Macomb* C. Date of Delivery *04/14/08*  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Carl Macomb**  
CCWID #10  
29776 Tract 43 Rd.  
Los Fresnos, TX 78566

2. Article Number (Transfer from service label) **7006 0810 0004 0898 4751**  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Address   
B. Received by (Printed Name) *Homeno Rubio* C. Date of Delivery *04-7-08*  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Amy Gonzales**  
Bayview ID #11  
110 South San Roman  
Los Fresnos, TX 78566

2. Article Number (Transfer from service label) **7006 0810 0004 0898 4744**  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee   
B. Received by (Printed Name) *Bea Suarez* C. Date of Delivery *04/14/08*  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Othai Brand, Sr.**  
P. O. Box 1840  
McAllen, TX 78502

2. Article Number (Transfer from service label) **7006 0810 0004 0898 5703**  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Address   
B. Received by (Printed Name) *[Signature]* C. Date of Delivery *[Signature]*  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Carlos Lopez**  
U.S. Dept of Interior Bureau of  
5316 Hwy. 290 West, Ste 510  
Austin, TX 78735-8931

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6335**  
Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1E

102595-02-M-1540

102595-02-M-1540



COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]
B. Received by (Printed Name) Armando Saenz
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 [ ] No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Troy Allen
Delta Lake Irrigation District
10370 Charles Green Rd.
Edcouch, TX 78538

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5116
Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Armando Saenz
El Tanque Water Supply
P.O. Box 41
Rio Grande City, TX 78582

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5239
Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]
B. Received by (Printed Name) Armando Saenz
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 [ ] No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Mark Lingo
Texas Parks & Wildlife Department
95 Fish Hatchery Road
Brownsville, TX 78520

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4966
Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]
B. Received by (Printed Name) Mark Lingo
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 [ ] No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Fausto Yturria
1 North Park Plaza
Brownsville, TX 78521

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6885
Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]
B. Received by (Printed Name) Ernest T. Bantora
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 [ ] No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Fausto Yturria
1 North Park Plaza
Brownsville, TX 78521

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6885
Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]
B. Received by (Printed Name) Mark Lingo
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 [ ] No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Mark Lingo
Texas Parks & Wildlife Department
95 Fish Hatchery Road
Brownsville, TX 78520

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4966
Domestic Return Receipt
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
B. Received by (Printed Name)  Addressee  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Robert Burkhardt  
Valley MUD #2  
P.O. Box 939  
Olimito, TX 78575

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3488  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Mr. Consuelo R. Villarreal  
Zapata County  
P.O. Box 789  
Zapata, TX 78076

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3846  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
B. Received by (Printed Name)  Addressee  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Donald K. McGhee  
Hydro Systems, Inc.  
1501 North 28th Street  
Harlingen, TX 78550

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4904  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
B. Received by (Printed Name)  Addressee  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Mr. Oscar V. Gonzalez  
La Gruilla  
P.O. Box 197  
La Gruilla, TX 78548

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3686  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed by (Printed Name) Dalia Hernandez C. Date of Delivery 2/4/04

D. Is delivery address different from item 1?  Yes  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

1. Article Addressed to: 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: Gale Armstrong El Jardin Water Supply 5250 Coffeeport Rd., Ste "D" Brownsville, TX 78521

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6663 Domestic Return Receipt PS Form 3811, February 2004 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed by (Printed Name) Betha Wiva C. Date of Delivery

D. Is delivery address different from item 1?  Yes  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

1. Article Addressed to: 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: Gale Armstrong El Jardin Water Supply 5250 Coffeeport Rd., Ste "D" Brownsville, TX 78521

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6663 Domestic Return Receipt PS Form 3811, February 2004 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed by (Printed Name) Willy County Navigation District C. Date of Delivery 2/4/04

D. Is delivery address different from item 1?  Yes  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

1. Article Addressed to: 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: Willy County Navigation District 295 E. Hidalgo Avenue Raynondville, TX 78580

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3457 Domestic Return Receipt PS Form 3811, February 2004 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed by (Printed Name) Chette Lanier C. Date of Delivery

D. Is delivery address different from item 1?  Yes  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

1. Article Addressed to: 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: Joe A. Barrera Brownsville Irr. & Drainage Dist. 6925 Coffee Port Road Brownsville, TX 78521

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6656 Domestic Return Receipt PS Form 3811, February 2004 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.

1. Article Addressed to:

**Jim Riggan**  
 Willacy County Drainage Dist. #1  
 P.O. Drawer 20  
 Lyford, TX 78569

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 3495**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Paul Greenhill*  
 B. Received by (Printed Name) **Paul Greenhill**  
 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

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:

**Amado Salinas, Jr.**  
 Military Highway Water Supply  
 P.O. Box 250  
 Progreso, TX 78579

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 5499**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Amado Salinas Jr*  
 B. Received by (Printed Name) **Amado Salinas Jr**  
 C. Date of Delivery **4/19/08**

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.

1. Article Addressed to:

**Pedro Villarreal**  
 La Gruilla Water Supply Co.  
 P.O. Box 197  
 La Gruilla, TX 78548

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 5451**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *JR*  
 B. Received by (Printed Name) **JR**  
 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

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:

**Port of Brownsville**  
 1000 Faust Road  
 Brownsville, TX 78521

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 5543**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Wilfredo*  
 B. Received by (Printed Name) **WILFREDO**  
 C. Date of Delivery **4/18/08**

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  Addressee  
B. Received by (Printed Name)  Express Mail  Return Receipt for Merchandise  
C. Date of Delivery  Registered  Insured Mail  C.O.D.  
D. Is delivery address different from item 1?  Yes  No

1. Article Addressed to:  
Honorable Leo Palacios  
City of Pharr  
P.O. Box 1729  
Pharr, TX 78577

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4539  
Domestic Return Receipt  
PS Form 3811, February 2004 102595-02-M-1540

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.

1. Article Addressed to:  
Honorable John David Osborne  
City of Primera  
22893 Stuart Place Rd.  
Primera, TX 78552

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4553  
Domestic Return Receipt  
PS Form 3811, February 2004 102595-02-M-154

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  Addressee  
B. Received by (Printed Name)  Express Mail  Return Receipt for Merchandise  
C. Date of Delivery  Registered  Insured Mail  C.O.D.  
D. Is delivery address different from item 1?  Yes  No

1. Article Addressed to:  
Honorable Servando Ramirez  
City of Penitas  
P.O. Box 204  
Penitas, TX 78576

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4522  
Domestic Return Receipt  
PS Form 3811, February 2004 102595-02-M-1540

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.

1. Article Addressed to:  
Honorable Servando Ramirez  
City of Penitas  
P.O. Box 204  
Penitas, TX 78576

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4522  
Domestic Return Receipt  
PS Form 3811, February 2004 102595-02-M-1540

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.

1. Article Addressed to:  
Joe Cruz  
City of Palm Valley  
1313 Stuart Place Road  
Haringen, TX 78552

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5529  
Domestic Return Receipt  
PS Form 3811, February 2004 102595-02-M-154

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  Addressee  
B. Received by (Printed Name)  Express Mail  Return Receipt for Merchandise  
C. Date of Delivery  Registered  Insured Mail  C.O.D.  
D. Is delivery address different from item 1?  Yes  No

1. Article Addressed to:  
Honorable Servando Ramirez  
City of Penitas  
P.O. Box 204  
Penitas, TX 78576

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4539  
Domestic Return Receipt  
PS Form 3811, February 2004 102595-02-M-1540

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.

1. Article Addressed to:  
Honorable Servando Ramirez  
City of Penitas  
P.O. Box 204  
Penitas, TX 78576

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4539  
Domestic Return Receipt  
PS Form 3811, February 2004 102595-02-M-1540

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  Addressee  
B. Received by (Printed Name)  Express Mail  Return Receipt for Merchandise  
C. Date of Delivery  Registered  Insured Mail  C.O.D.  
D. Is delivery address different from item 1?  Yes  No

1. Article Addressed to:  
Honorable Servando Ramirez  
City of Penitas  
P.O. Box 204  
Penitas, TX 78576

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4522  
Domestic Return Receipt  
PS Form 3811, February 2004 102595-02-M-1540

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.

1. Article Addressed to:  
Honorable Servando Ramirez  
City of Penitas  
P.O. Box 204  
Penitas, TX 78576

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4522  
Domestic Return Receipt  
PS Form 3811, February 2004 102595-02-M-1540

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.

1. Article Addressed to:  
  
**Honorable John David Franz**  
**City of Hidalgo**  
**704 Texano Drive**  
**Hidalgo, TX 78557**

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

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 4379**  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*S. Munguia*

B. Received by (Printed Name)  
*S. Munguia*

C. Date of Delivery  
*4/9/04*

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

1. Article Addressed to:  
  
**Honorable Joe Neely**  
**City of Palm Valley**  
**1313 Stuart Place Rd., Ste. 100**  
**Harlingen, TX 78552**

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

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 4508**  
 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.

1. Article Addressed to:  
  
**Honorable Chris Boswell**  
**City of Harlingen**  
**P.O. Box 2207**  
**Harlingen, TX 78551**

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

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 4362**  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*John P. Kuyper*

B. Received by (Printed Name)  
*John P. Kuyper*

C. Date of Delivery  
*4/9/04*

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

1. Article Addressed to:  
  
**North**

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

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 4508**  
 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.

1. Article Addressed to:  
  
**Gavino Sotelo**  
**Laguna Madre Water District**  
**105 Port Road**  
**Port Isabel, TX 78578**

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

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 5468**  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*S. Munguia*

B. Received by (Printed Name)

C. Date of Delivery

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

1. Article Addressed to:  
  
**Honorable John David Franz**  
**City of Hidalgo**  
**704 Texano Drive**  
**Hidalgo, TX 78557**

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

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 4379**  
 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.

1. Article Addressed to:  
  
**Honorable Chris Boswell**  
**City of Harlingen**  
**P.O. Box 2207**  
**Harlingen, TX 78551**

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

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 4362**  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*Chris Boswell*

B. Received by (Printed Name)  
*Chris Boswell*

C. Date of Delivery

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

1. Article Addressed to:  
  
**North**

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

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 4508**  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  
 Address

B. Received by (Printed Name) *[Signature]* C. Date of Delivery **APR 09 2004**

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
 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.

Honorable Richard Cortez  
 City of McAllen  
 P.O. Box 220  
 McAllen, TX 78505-0220

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 (Transfer from service label) **7006 0810 0004 0898 4461**

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery **APR 09 2004**

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

Honorable Rodolfo Saldana  
 City of Lyford  
 P.O. Box 310  
 Lyford, TX 78569

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 (Transfer from service label) **7006 0810 0004 0898 4454**

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
 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.

Honorable Norberto "Beto" Salinas  
 City of Mission  
 1201 E. 8th Street  
 Mission, TX 78572-5812

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 *[Signature]*  Agent  
 Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery **04/09/04**

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
 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.

Rick Smith  
 La Feria Irrigation Dist. CC #3  
 P.O. Box 158  
 La Feria, TX 78559

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 (Transfer from service label) **7006 0810 0004 0898 4485**

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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
 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.

Honorable Norberto "Beto" Salinas  
 City of Mission  
 1201 E. 8th Street  
 Mission, TX 78572-5812

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  
B. Received by (Printed Name) *[Name]*  
C. Date of Delivery *2/10/08*

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

2. Article Number (Transfer from service label) **7006 0810 0004 0898 4829**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Ken Rakestraw  
IBWC - The Commons  
4171 N. Mosa, Bldg. C-310  
El Paso, TX 79902**

3. 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:  
**Ing. David Negrete Arroyos  
CILA  
P.O. Box 6967  
Laredo, TX 78042**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6199**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  
B. Received by (Printed Name) *[Name]*  
C. Date of Delivery *4/9/08*

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

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6199**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Zach Davis  
Davis Hardware  
P.O. Box 100  
Brackettville, TX 78832**

3. 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:  
**Zach Davis  
Davis Hardware  
P.O. Box 100  
Brackettville, TX 78832**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6755**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  
B. Received by (Printed Name) *[Name]*  
C. Date of Delivery *4/11/08*

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

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6892**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Zach Davis  
Davis Hardware  
P.O. Box 100  
Brackettville, TX 78832**

3. 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:  
**Zach Davis  
Davis Hardware  
P.O. Box 100  
Brackettville, TX 78832**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6892**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  
B. Received by (Printed Name) *[Name]*  
C. Date of Delivery *4/11-08*

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

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6755**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Zach Davis  
Davis Hardware  
P.O. Box 100  
Brackettville, TX 78832**

3. 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:  
**Zach Davis  
Davis Hardware  
P.O. Box 100  
Brackettville, TX 78832**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6892**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  
B. Received by (Printed Name) *[Name]*  
C. Date of Delivery *4/11-08*

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

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6892**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Zach Davis  
Davis Hardware  
P.O. Box 100  
Brackettville, TX 78832**

3. 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:  
**Zach Davis  
Davis Hardware  
P.O. Box 100  
Brackettville, TX 78832**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6892**  
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.

1. Article Addressed to:

Sonia R. Najera  
 The Nature Conservancy  
 P. O. Box 2563  
 Corpus Christi, TX 78403

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) Sonia R. Najera

C. Date of Delivery 4/11/08

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  
 (Transfer from service label) 7006 0810 0004 0898 5888

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.

1. Article Addressed to:

Ned Meister  
 Texas Farm Bureau  
 P. O. Box 2689  
 Waco, TX 77602-2689

2. Article Number  
 (Transfer from service label) 7006 0810 0004 0898 5673

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]  Agent  
 Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery APR 09 2008

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 [Signature]  Agent  
 Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 4-11-08

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.

1. Article Addressed to:

Adrian Montemayor  
 City of Laredo  
 P. O. Box 2950  
 Laredo, TX 78044

2. Article Number  
 (Transfer from service label) 7006 0810 0004 0898 4911

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 4/11/08

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.

1. Article Addressed to:

Buddy Garcia  
 P. O. Box 12697  
 Austin, TX 78711

2. Article Number  
 (Transfer from service label) 7006 0810 0004 0898 6489

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.

1. Article Addressed to:

**John Bruciak**  
**Brownsville Public Utilities Board**  
**P. O. Box 3270**  
**Brownsville, TX 78523**

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 5185**  
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Address   
 B. Received by (Printed Name) John Bruciak  
 C. Date of Delivery 4-11-0  
 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

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:

**Jay Howard**  
**Hilco Partners**  
**823 Congress Ave, st3 #900**  
**Austin, TX 78701**

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 4737**  
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Address   
 B. Received by (Printed Name) Jay Howard  
 C. Date of Delivery 4-11-0  
 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

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:

**Kathleen Ligon**  
**T.W.D.B**  
**P. O. Box 13231**  
**Austin, TX 78711-3231**

APR 10 2008  
 MAIL ROOM

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 4973**  
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Address   
 B. Received by (Printed Name) Kathleen Ligon  
 C. Date of Delivery 4-11-0  
 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

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:

**Tomas Rodriguez**  
**City of Laredo**  
**P. O. Box 2950**  
**Laredo, TX 78044**

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 4959**  
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Address   
 B. Received by (Printed Name) Tomas Rodriguez  
 C. Date of Delivery 4-11-0  
 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



COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed  
Received by (Printed Name) C. Date of Delivery  
JUAN MANA 4/28/03

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

1. Article Addressed to:  
Frank Flores  
La Joya Water Supply Corp.  
P.O. Box A  
La Joya, TX 78560-2000

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5475  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed  
Received by (Printed Name) C. Date of Delivery  
ROY MARTINEZ

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

1. Article Addressed to:  
Jennifer Smith  
The Monitor  
1400 E. Nolana  
McAllen, TX 78502

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5949  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed  
Received by (Printed Name) C. Date of Delivery  
MAY ESTRAFA

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

1. Article Addressed to:  
Bobby Sparks  
Sparks Farms  
13230 Mile 2 1/2 East  
Mercedes, TX 78570

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5956  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed  
Received by (Printed Name) C. Date of Delivery  
MAY ESTRAFA 4-5-03

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

1. Article Addressed to:  
Bill Summers  
RGV Partnership/Chamber of  
P.O. Box 1499  
Weslaco, TX 78599-1499

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5963  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed  
Received by (Printed Name) C. Date of Delivery  
MAY ESTRAFA

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

1. Article Addressed to:  
Bobby Sparks  
Sparks Farms  
13230 Mile 2 1/2 East  
Mercedes, TX 78570

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5956  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed  
Received by (Printed Name) C. Date of Delivery  
MAY ESTRAFA 4-5-03

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

1. Article Addressed to:  
Bobby Sparks  
Sparks Farms  
13230 Mile 2 1/2 East  
Mercedes, TX 78570

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5956  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed  
Received by (Printed Name) C. Date of Delivery  
MAY ESTRAFA

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

1. Article Addressed to:  
Bobby Sparks  
Sparks Farms  
13230 Mile 2 1/2 East  
Mercedes, TX 78570

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5956  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Nancy P. Seiver*  
B. Received by (Printed Name) *Nancy P. Seiver*  
C. Date of Delivery *4/8/08*  
D. Is delivery address different from item 1?  Yes  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

1. Article Addressed to:  
**Archie Miles**  
**HCID#5**  
**P.O. Box 670**  
**Progreso, TX 78579**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 5376**  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Tommie Martin*  
B. Received by (Printed Name) *Tommie Martin*  
C. Date of Delivery *4/8/08*  
D. Is delivery address different from item 1?  Yes  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

1. Article Addressed to:  
**Tommie Martin**  
**Sebastian MUD**  
**P.O. Box B**  
**Sebastian, TX 78594**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 5574**  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Michael G. Wilson*  
B. Received by (Printed Name) *Michael G. Wilson*  
C. Date of Delivery *4/7/08*  
D. Is delivery address different from item 1?  Yes  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

1. Article Addressed to:  
**Michael G. Wilson**  
**Port Mansfield PUB**  
**400 W. Hidalgo Avenue, Suite 200**  
**Raymondville, TX 78580**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 5550**  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Jacqueline Burson*  
B. Received by (Printed Name) *Jacqueline Burson*  
C. Date of Delivery *4/11/08*  
D. Is delivery address different from item 1?  Yes  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

1. Article Addressed to:  
**Jacqueline Burson**  
**Nat'l Fish & Wildlife Foundation**  
**1120 Connecticut Ave., N.W., Suite 900**  
**Washington, D.C. 20036**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6632**  
Domestic Return Receipt  
PS Form 3811, February 2004

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
B. Received by (Printed Name) Wendy M Foster  
C. Date of Delivery 4-15-08  
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

1. Article Addressed to:  
Wendy Foster  
1501 Barton Springs Rd., #227  
Austin, TX 78704

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6496  
Domestic Return Receipt  
PS Form 3811, February 2004

3. 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
B. Received by (Printed Name) Wendy M Foster  
C. Date of Delivery 4-15-08  
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

1. Article Addressed to:  
James Elium  
Olmito Water Supply Corp.  
P.O. Box 36  
Olmito, TX 78575

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6533  
Domestic Return Receipt  
PS Form 3811, February 2004

3. 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
B. Received by (Printed Name) Wendy M Foster  
C. Date of Delivery 4-15-08  
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

1. Article Addressed to:  
Joe Galvan  
Cameron County  
P.O. Box 109  
Brownsville, TX 78520

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5109  
Domestic Return Receipt  
PS Form 3811, February 2004

3. 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
B. Received by (Printed Name) Wendy M Foster  
C. Date of Delivery 4-15-08  
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

1. Article Addressed to:  
Carlos Rubinstein  
TCEQ Watermaster, Field Ops  
P.O. Box 13087  
Austin, TX 78711-3087

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6960  
Domestic Return Receipt  
PS Form 3811, February 2004

3. 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.

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

A. Signature  Agent Address

B. Received by (Printed Name) Clara A. Vela C. Date of Delivery 4/10/00

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

1. Article Addressed to:  
**Ed Vela**  
P. O. Box 25  
La Blanca, TX 78558

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 (Transfer from service label) 7006 0810 0004 0898 6731

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

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

A. Signature  Agent Address

B. Received by (Printed Name) Nick B. Davis C. Date of Delivery 4/10/00

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

1. Article Addressed to:  
**Frank Ruiz**  
Cameron County Drainage Dist. #6  
P. O. Box 295  
Los Fresnos, TX 78566

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 (Transfer from service label) 7006 0810 0004 0898 5291

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

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

A. Signature  Agent Address

B. Received by (Printed Name) Wahneema Lubiano C. Date of Delivery 4/10/00

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

1. Article Addressed to:  
**John W. Topp**  
Topp Direct Marketing  
1222 E. Tyler, Suite B  
Harlingen, TX 78550

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 (Transfer from service label) 7006 0810 0004 0898 5987

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

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

A. Signature  Agent Address

B. Received by (Printed Name) Wahneema Lubiano C. Date of Delivery 4/10/00

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

1. Article Addressed to:  
**Kathleen White**  
TCEQ  
P. O. Box 13087  
Austin, TX 78711-3087

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 (Transfer from service label) 7006 0810 0004 0898 6045

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.

1. Article Addressed to:

John Miller  
 Santa Cruz Irrigation Dist. #15  
 P.O. Box 599  
 Edinburg, TX 78540

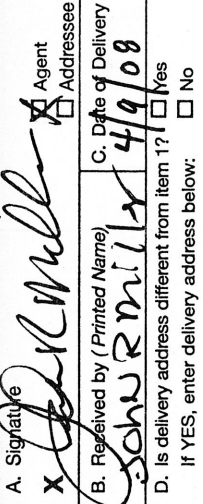
2. Article Number  
 (Transfer from service label) 7006 0810 0004 0898 5567

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressedee  


B. Received by (Printed Name) C. Date of Delivery  
 John Miller 4/9/08

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

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:

Lee Gernentz  
 Hidalgo County WCID #19  
 P.O. Box 1043  
 Mission, TX 78573

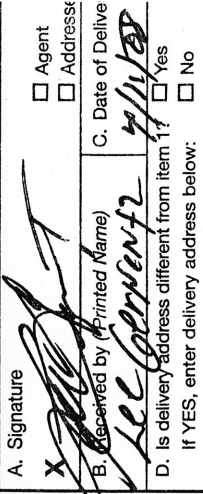
2. Article Number  
 (Transfer from service label) 7006 0810 0004 0898 5420

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressedee  


B. Received by (Printed Name) C. Date of Delivery  
 Lee Gernentz 4/11/08

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

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:

Silvestre Garcia  
 City of Combes  
 P.O. Box 280  
 Combes, TX 78535


2. Article Number  
 (Transfer from service label) 7006 0810 0004 0898 6472

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressee  


B. Received by (Printed Name) C. Date of Delivery  
 Silvestre Garcia 4-10-08

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

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:

Fernando Albornoz  
 Nat'l Wildlife Federation  
 44 East Ave., Suite 200  
 Austin, TX 78701

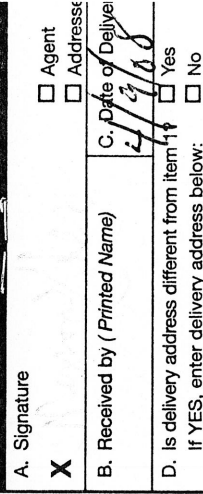
2. Article Number  
 (Transfer from service label) 7006 0810 0004 0898 6687

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressedee  


B. Received by (Printed Name) C. Date of Delivery  
 Fernando Albornoz 4/13/08

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

**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:

Honorable Rene Castillo  
 City of La Villa  
 P.O. Box 60  
 La Villa, TX 78562

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 4423**  
 PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) [Signature]

C. Date of Delivery 4/10/04

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

**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:

Honorable Marc Sundquist  
 Town of Bayview  
 110 S. San Roman  
 Los Fresnos, TX 78566

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 4287**  
 PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) Herrera P. L. C.

C. Date of Delivery 4-9-08

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

**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:

Michael Cowan  
 Water Supply Div, TCEQ  
 P.O. Box 13087  
 Austin, TX 78711-3087

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 6618**  
 PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) [Signature]

C. Date of Delivery 4-9-08

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

**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:

Roy Cooley  
 Maverick County Irr. District  
 Route 2, Box 4700  
 Eagle Pass, TX 78852

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 6595**  
 PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) Edna E. Glund

C. Date of Delivery 4-9-08

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

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) Ad 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

**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:  
 Jennifer Smith  
 The Monitor  
 1400 E. Nolana  
 McAllen, TX 78502

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6052  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) EM Vera 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

**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:  
 Honorable Emilio Vera  
 Willacy County Pct.3  
 P.O. Box 105  
 Lyford, TX 78569

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3945  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) Becky L. Venecia C. Date of Delivery 2/19/04

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.

1. Article Addressed to:  
 Honorable Jamie Alvares  
 Starr County Court House Rm#203  
 100 N. Fm 3167  
 Rio Grande City, TX 78582

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3631  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) Becky Venecia C. Date of Delivery 2/18/04

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.

1. Article Addressed to:  
 Honorable Eloy Vera  
 Starr County Court House #203  
 100 N. Fm 3167  
 Rio Grande City, TX 78582

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3624  
 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.

1. Article Addressed to:

Honorable Orlando Correa  
 City of Raymondville  
 142 S. 7th  
 Raymondville, TX 78580

2. Article Number  
 (Transfer from service label) 7006 0810 0004 0898 4614

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Orlando Correa*  Agent  Addressee

B. Received by (Printed Name) *Orlando Correa* C. Date of Delivery *4-8-08*

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

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:

Honorable Billy Leo  
 City of La Joya  
 P.O. Box H  
 La Joya, TX 78560

2. Article Number  
 (Transfer from service label) 7006 0810 0004 0898 4416

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Billy Leo*  Agent  Addressee

B. Received by (Printed Name) *Billy Leo* C. Date of Delivery *4-9-08*

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

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:

Penny Mac Donnel  
 U.S. Geological Survey  
 8027 Exchange Drive  
 Austin, TX 78754-4733

2. Article Number  
 (Transfer from service label) 7006 0810 0004 0898 5840

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Penny Mac Donnel*  Agent  Addressee

B. Received by (Printed Name) *Penny Mac Donnel* C. Date of Delivery *4-9-08*

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

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:

Honorable David Winstead  
 City of Los Fresnos  
 200 N. Brazil  
 Los Fresnos, TX 78566-3698

2. Article Number  
 (Transfer from service label) 7006 0810 0004 0898 4430

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Penny Mac Donnel*  Agent  Addressee

B. Received by (Printed Name) *Penny Mac Donnel* C. Date of Delivery *4-9-08*

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed  
B. Received by (Printed Name) C. Date of Delivery  
D. Is delivery address different from item 1?  Yes  No

1. Article Addressed to:  
Jonathon Huhn  
U.S. Senator John Cornyn's Office  
600 Navarro, Ste 210  
San Antonio, TX 78205

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 (Transfer from service label) 7006 0810 0004 0898 6083  
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.

1. Article Addressed to:  
Steve Williams  
U.S. Fish & Wildlife Service  
1849 C Street, N.W., MS-3012  
Washington, D.C. 20240-1849

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6137  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed  
B. Received by (Printed Name) C. Date of Delivery  
D. Is delivery address different from item 1?  Yes  No

1. Article Addressed to:  
Steve Williams  
U.S. Fish & Wildlife Service  
1849 C Street, N.W., MS-3012  
Washington, D.C. 20240-1849

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 (Transfer from service label) 7006 0810 0004 0898 6137  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed  
B. Received by (Printed Name) C. Date of Delivery  
D. Is delivery address different from item 1?  Yes  No

1. Article Addressed to:  
Honorable Jorge Garcia  
City of Palmview  
400 W. Veterans Blvd.  
Mission, TX 78572

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 (Transfer from service label) 7006 0810 0004 0898 4515  
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.

1. Article Addressed to:  
Honorable Alberto Magallan  
City of Granjeno  
6603 So. FM 494  
Mission, TX 78572

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 (Transfer from service label) 7006 0810 0004 0898 4355  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed  
B. Received by (Printed Name) C. Date of Delivery  
D. Is delivery address different from item 1?  Yes  No

1. Article Addressed to:  
Honorable Alberto Magallan  
City of Granjeno  
6603 So. FM 494  
Mission, TX 78572

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 (Transfer from service label) 7006 0810 0004 0898 4355  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Jennifer Berghom*  
B. Received by (Printed Name) \_\_\_\_\_  
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  
(Transfer from service label) **7006 0810 0004 0898 6236**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Jose Sanchez**  
Texas Dept. of Agriculture  
900-B East Expy 83  
San Juan, TX 78589

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Chris Swynn*  
B. Received by (Printed Name) **CRIS SWYNN**  
C. Date of Delivery **4-8-08**

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  
(Transfer from service label) **7006 0810 0004 0898 6762**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Rosie Ramirez*  
B. Received by (Printed Name) **ROSIE RAMIREZ**  
C. Date of Delivery **4-8-08**

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  
(Transfer from service label) **7006 0810 0004 0898 5772**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Dr. John Goolsby, Ph.D.**  
USDA  
2413 E. Highway 83  
Weslaco, TX 78596

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Olivia Pedersen*  
B. Received by (Printed Name) **OLIVIA PEDERSEN**  
C. Date of Delivery **4-8-08**

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  
(Transfer from service label) **7006 0810 0004 0898 5857**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Jennifer Berghom**  
The Monitor  
1400 E. Nolana  
McAllen, TX 78504

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *Rosie Ramirez*  
B. Received by (Printed Name) \_\_\_\_\_  
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  
(Transfer from service label) **7006 0810 0004 0898 6236**  
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.

1. Article Addressed to:  
  
Cameron County Clerk  
964 E. Harrison St.  
Brownsville, TX 78520

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 6953**

PS Form 3811, February 2004

Domestic Return Receipt  
102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Mark James*

B. Received by (Printed Name)  
*Mark James*

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

**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:  
  
Willacy County Clerk  
190 N. 3rd Street  
Raymondville, Tx 78580

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 6939**

PS Form 3811, February 2004

Domestic Return Receipt  
102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Maricela Constanza*

B. Received by (Printed Name)  
*Maricela Constanza*

C. Date of Delivery *2/2/04*

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.

1. Article Addressed to:  
  
Webb County Clerk  
1000 Houston St., 1st Floor  
Laredo, TX 78076

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 6724**

PS Form 3811, February 2004

Domestic Return Receipt  
102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Stacy*

B. Received by (Printed Name)  
*Stacy*

C. Date of Delivery *1/9/04*

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.

1. Article Addressed to:  
  
Tina Mayagoitia  
EPA - El Paso Border Office  
4050 Rio Bravo, #100  
El Paso, TX 79902

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 5918**

PS Form 3811, February 2004

Domestic Return Receipt  
102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Maricela Constanza*

B. Received by (Printed Name)  
*Maricela Constanza*

C. Date of Delivery *2/2/04*

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.

1. Article Addressed to:  
  
Webb County Clerk  
1000 Houston St., 1st Floor  
Laredo, TX 78076

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 6724**

PS Form 3811, February 2004

Domestic Return Receipt  
102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Stacy*

B. Received by (Printed Name)  
*Stacy*

C. Date of Delivery *1/9/04*

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.

1. Article Addressed to:  
  
Tina Mayagoitia  
EPA - El Paso Border Office  
4050 Rio Bravo, #100  
El Paso, TX 79902

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 5918**

PS Form 3811, February 2004

Domestic Return Receipt  
102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
*Maricela Constanza*

B. Received by (Printed Name)  
*Maricela Constanza*

C. Date of Delivery *2/2/04*

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

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) *A. VA 1067* C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

1. Article Addressed to:  
 Mario Santos, Jr.  
 Webb County Engineering Dept.  
 1110 Washington St., Ste 303  
 Laredo, TX 78540

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) *A. VA 1067* C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

2. Article Number (Transfer from service label) **7006 0810 0004 0898 4171**  
 PS Form 3811, February 2004 Domestic Return Receipt

2. Article Number (Transfer from service label) **7006 0810 0004 0898 3761**  
 PS Form 3811, February 2004 Domestic Return Receipt

3. Service Type  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes  No

3. Service Type  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes  No

3. Service Type  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes  No

1. Article Addressed to:  
 Erasmo Yarrito  
 TCEQ Watermaster Office  
 1804 W. Jefferson  
 Harlingen, TX 78550

1. Article Addressed to:  
 Arianna Vazquez  
 Rumbo Del Valle  
 311 S. Broadway  
 McAllen, TX 78501

1. Article Addressed to:  
 Honorable Raul Reyes  
 El Cenizo  
 507 Cadena  
 El Cenizo, TX 78046

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) *Arianna Vazquez* C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

1. Article Addressed to:  
 Arianna Vazquez  
 Rumbo Del Valle  
 311 S. Broadway  
 McAllen, TX 78501

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) *Arianna Vazquez* C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

2. Article Number (Transfer from service label) **7006 0810 0004 0898 7028**  
 PS Form 3811, February 2004 Domestic Return Receipt

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6977**  
 PS Form 3811, February 2004 Domestic Return Receipt

3. Service Type  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes  No

3. Service Type  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes  No

3. Service Type  Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.  
 4. Restricted Delivery? (Extra Fee)  Yes  No

1. Article Addressed to:  
 Erasmo Yarrito  
 TCEQ Watermaster Office  
 1804 W. Jefferson  
 Harlingen, TX 78550

1. Article Addressed to:  
 Arianna Vazquez  
 Rumbo Del Valle  
 311 S. Broadway  
 McAllen, TX 78501

1. Article Addressed to:  
 Honorable Raul Reyes  
 El Cenizo  
 507 Cadena  
 El Cenizo, TX 78046

2. Article Number (Transfer from service label) **7006 0810 0004 0898 7028**  
 PS Form 3811, February 2004 Domestic Return Receipt

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6977**  
 PS Form 3811, February 2004 Domestic Return Receipt

2. Article Number (Transfer from service label) **7006 0810 0004 0898 3761**  
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

102595-02-M-1540

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.

1. Article Addressed to:  
**Laura De La Garza**  
 Texas Sea Grant - The TAMU System  
 312 N. International Blvd.  
 Weslaco, TX 78596

2. Article Number  
 (Transfer from service label)  
**7006 0810 0004 0898 6564**

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
  
 X  
 B. Received by (Printed Name)  
**Lou Garza**  
 C. Date of Delivery  
**4/8/08**

D. Is delivery address different from item 1?  
 If YES, enter delivery address below:  
 Yes  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**

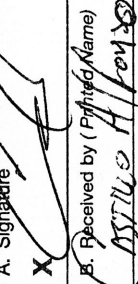
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**Hudson R. DeYoe**  
 UT @ Pan American  
 1201 W. University Drive  
 Edinburg, TX 78539-2999

2. Article Number  
 (Transfer from service label)  
**7006 0810 0004 0898 6571**

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
  
 X  
 B. Received by (Printed Name)  
**Hudson R. DeYoe**  
 C. Date of Delivery

D. Is delivery address different from item 1?  
 If YES, enter delivery address below:  
 Yes  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**

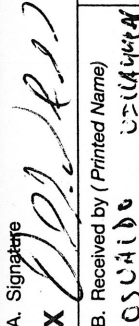
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**Roberto Gonzalez**  
 Eagle Pass Waterworks  
 P.O. Box 808  
 Eagle Pass, TX 78853

2. Article Number  
 (Transfer from service label)  
**7006 0810 0004 0898 4836**

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
  
 X  
 B. Received by (Printed Name)  
**ROBERTO GONZALEZ**  
 C. Date of Delivery  
**2-11-08**

D. Is delivery address different from item 1?  
 If YES, enter delivery address below:  
 Yes  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**

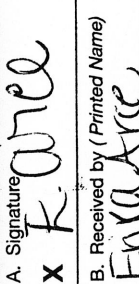
- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**Joe Guerra**  
 Laredo Power Station  
 7300 CPL Road  
 Laredo, TX 78041

2. Article Number  
 (Transfer from service label)  
**7006 0810 0004 0898 4874**

PS Form 3811, February 2004 Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
  
 X  
 B. Received by (Printed Name)  
**JOE GUERRA**  
 C. Date of Delivery  
**4-10-08**

D. Is delivery address different from item 1?  
 If YES, enter delivery address below:  
 Yes  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 *Arnoldo Cantu* Agent Addressed 
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1?  Yes  No

3. Service Type
 Certified Mail  Express Mail
 Registered  Return Receipt for Merchandise
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes  No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Arnoldo Cantu
A. Cantu Farms
608 Alameda
San Juan, TX 78589

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5895
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Elaine Perez* Agent Addressed 
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1?  Yes  No

3. Service Type
 Certified Mail  Express Mail
 Registered  Return Receipt for Merchandise
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes  No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Tony Vindell
Valley Morning Star
1030 So. Commerce
Harlingen, TX 78550

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6007
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Glenn Whiddon* Agent Addressed 
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1?  Yes  No

3. Service Type
 Certified Mail  Express Mail
 Registered  Return Receipt for Merchandise
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes  No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Glenn Whiddon
Stuart Place Nursery
P.O. Box 2701
Harlingen, TX 78550

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6038
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Maria Elena* Agent Addressed 
B. Received by (Printed Name) C. Date of Delivery
D. Is delivery address different from item 1?  Yes  No

3. Service Type
 Certified Mail  Express Mail
 Registered  Return Receipt for Merchandise
 Insured Mail  C.O.D.
4. Restricted Delivery? (Extra Fee)  Yes  No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
Gienn Wilde
Wilde Farms
Rt. 1, Box 114
Lyford, TX 78569

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4218
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** Pam Bovee  Agent  Addressee  
B. Received by (Printed Name) **PAM BOVEE**  Date of Delivery **1-4-08**  
C. 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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Ray Prewett  
Texas Citrus Mutual  
901 Business Park Dr., Ste 400  
Mission, TX 78572**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 4928**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Charles (Chuck) W. Browning, Jr.  
North Alamo Water Supply Corp  
420 South Doolittle Rd.  
Edinburg, TX 78539**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 4805**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) **Sylvia Sepulveda**  Date of Delivery  
C. 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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Kathleen Reavis  
Reavis Farms  
Route 20, Box 4201  
Mission, Tx 78574**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 4249**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) **KATHERINE REAVIS**  Date of Delivery **1-11-08**  
C. 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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Steve Bearden  
Rio Grande Valley Sugar Growers  
P.O. Box 459  
Santa Rosa, TX 78593**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 5093**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) **KATHY REAVIS**  Date of Delivery **1-11-08**  
C. 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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Kathleen Reavis  
Reavis Farms  
Route 20, Box 4201  
Mission, Tx 78574**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 4249**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15



COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 X  Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 WISE GARCIA  
 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

1. Article Addressed to:  
 Honorable Joe Flores  
 Hidalgo County Pct.3  
 P.O. Box 607  
 Mission, TX 78573

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3976  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 X  Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 JESS GARCIA  
 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

1. Article Addressed to:  
 Joe Cortina  
 Engleman ID  
 P.O. Box 307  
 Elsa, TX 78543

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4690  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 X  Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 Nadeanda Guzman  
 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

1. Article Addressed to:  
 Steve Taylor  
 Rio Grande Guardian  
 P.O. Box 5057  
 McAllen, TX 78502-5057

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5819  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 X  Addressee  
 B. Received by (Printed Name) C. Date of Delivery  
 Y...  
 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

1. Article Addressed to:  
 Noe Fernandez  
 TWDB  
 1510 Beaumont  
 McAllen, TX 78501

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6540  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15



COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

A. Signature  Agent  
 X *Alicia Benen*  Addressee  
 B. Received by (Printed Name)  Date of Delivery  
*Alicia Benen* *4/17/08*  
 C. Date of Delivery  
 D. Is delivery address different from item 1?  Yes  
 If YES, enter delivery address below:  No  
*2855*

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  
 (Transfer from service label) **7006 0810 0004 0898 5130**  
 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.

1. Article Addressed to:  
 Bernard List  
 Brownsville Navigation District  
 1000 Foust Road  
 Brownsville, TX 78521

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  
 (Transfer from service label) **7006 0810 0004 0898 5277**  
 PS Form 3811, February 2004  
 Domestic Return Receipt  
 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 X *Armando*  Addressee  
 B. Received by (Printed Name)  Date of Delivery  
*Armando* *3/19/08*  
 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  
 (Transfer from service label) **7006 0810 0004 0898 5277**  
 PS Form 3811, February 2004  
 Domestic Return Receipt  
 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

A. Signature  Agent  
 X *Alice Benen*  Addressee  
 B. Received by (Printed Name)  Date of Delivery  
*Alice Benen* *4-18-08*  
 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  
 (Transfer from service label) **7006 0810 0004 0898 5765**  
 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.

1. Article Addressed to:  
 Dina Sosa  
 Department of State Health Services  
 601 West Sesame Dr.  
 Harlingen, TX 78550

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  
 (Transfer from service label) **7006 0810 0004 0898 5697**  
 PS Form 3811, February 2004  
 Domestic Return Receipt  
 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 X *Armando*  Addressee  
 B. Received by (Printed Name)  Date of Delivery  
*Armando* *3/19/08*  
 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  
 (Transfer from service label) **7006 0810 0004 0898 5697**  
 PS Form 3811, February 2004  
 Domestic Return Receipt  
 102595-02-M-15

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:  
 Juan Sanchez  
 Harlingen-San Benito MPO  
 502 E. Tyler  
 Harlingen, TX 78550

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  
 (Transfer from service label) **7006 0810 0004 0898 5697**  
 PS Form 3811, February 2004  
 Domestic Return Receipt  
 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

A. Signature  Agent  Addressee   
B. Received by (Printed Name) C. 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  No

1. Article Addressed to:  
Kevin Ward  
Texas Water Development Board  
P.O. Box 13231  
Austin, TX 78711-3231

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6847  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature  Agent   
X Cindy Lewis  
B. Received by (Printed Name) C. Date of Delivery  
Cindy Lewis 1/19/08  
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  No

1. Article Addressed to:  
Sonia Najera  
The Nature Conservancy  
205 North Carrizo  
Corpus Christi, TX 78401

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4850  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

A. Signature  Agent  Addressee   
B. Received by (Printed Name) C. Date of Delivery  
Stephanie Dunn 1/16/08  
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  No

1. Article Addressed to:  
Mercurio Martinez  
Webb County Judge  
P.O. Box 29  
Laredo, TX 78040

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5048  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

A. Signature  Agent   
X Stephanie Dunn  
B. Received by (Printed Name) C. Date of Delivery  
Stephanie Dunn 1-16-08  
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  No

1. Article Addressed to:  
Tito Nieto  
United ID HCID #16  
P.O. Box 877  
Mission, TX 78573

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4720  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

A. Signature  Agent Addressed  
 B. Received by (Printed Name) C. Date of Delivery  
 4-9-08

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 (Transfer from service label) 7006 0810 0004 0898 4256  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

1. Article Addressed to:  
 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:  
 Glenn Jarvis  
 Law Offices  
 1801 So. 2nd St., Ste. 550  
 McAllen, TX 78503

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4782  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed  
 B. Received by (Printed Name) C. Date of Delivery  
 4-9-08

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 (Transfer from service label) 7006 0810 0004 0898 4782  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

A. Signature  Agent Addressed  
 B. Received by (Printed Name) C. Date of Delivery  
 4-10-08

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 (Transfer from service label) 7006 0810 0004 0898 5512  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

1. Article Addressed to:  
 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:  
 Maverick County Clerk  
 500 Quarry Ste. #2  
 Eagle Pass, TX 78852

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed  
 B. Received by (Printed Name) C. Date of Delivery  
 4-9-08

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 (Transfer from service label) 7006 0810 0004 0898 6915  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Armando Vela*  Agent  Addressee  
B. Received by (Printed Name) *Armando Vela* C. Date of Delivery *4-14-08*  
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

2. Article Number *7006 0810 0004 0898 5659*  
(Transfer from service label)  
PS Form 3811, February 2004 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Paul Evans**  
Red Sands Groundwater Conservation  
P.O. Box 229  
Linn, TX 78563

2. Article Addressed to:  
**Sam Simmons**  
Cotton & Grain Producers of the  
3125 Clifford Dr.  
Harlingen, TX 78550

3. 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *[Name]* C. Date of Delivery *4/14/08*  
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

2. Article Number *7006 0810 0004 0898 5932*  
(Transfer from service label)  
PS Form 3811, February 2004 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *Monica Burdette* C. Date of Delivery *4-8-08*  
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

2. Article Number *7006 0810 0004 0898 6625*  
(Transfer from service label)  
PS Form 3811, February 2004 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Ray Burdette**  
Region N's Liaison  
P.O. Box 487  
Raymondville, TX 78580

1. Article Addressed to:  
**Dario V. Guerra, Jr.**  
D.V. Guerra Ranch  
1021 E. Canton  
Edinburg, TX 78539

2. 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *[Name]* C. Date of Delivery *[Date]*  
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

2. Article Number *7006 0810 0004 0898 6458*  
(Transfer from service label)  
PS Form 3811, February 2004 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Lynne Hamlin for Cindy Locfler*  
B. Received by (Printed Name) *Lynne Hamlin*  
C. Date of Delivery *4-9-2008*

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

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6328**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Cindy Locfler  
Texas Parks & Wildlife  
3000 So. I35, Ste 320  
Austin, TX 78704**

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:  
**Ray Mathews  
TWDB  
1700 N. Congress, Room 465  
Austin, TX 78711-3231**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6342**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
B. Received by (Printed Name) C. 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

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6342**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Honorable Abiel Cantu  
Willacy County Pct. 1  
546 W. Hidalgo  
Raymondville, TX 78580**

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:  
**Richard Tomlinson  
Dept of Defense - Corps of Engineers  
P.O. Box 1229  
Galveston, TX 77553-1229**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6878**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Cynthia Conche*  
B. Received by (Printed Name) *Cynthia Conche*  
C. Date of Delivery *4/9/08*

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

2. Article Number (Transfer from service label) **7006 0810 0004 0898 3983**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Honorable Abiel Cantu  
Willacy County Pct. 1  
546 W. Hidalgo  
Raymondville, TX 78580**

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:  
**Richard Tomlinson  
Dept of Defense - Corps of Engineers  
P.O. Box 1229  
Galveston, TX 77553-1229**

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6878**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  
B. Received by (Printed Name) *Put Den Lasor*  
C. Date of Delivery *APR 10 2008*

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

2. Article Number (Transfer from service label) **7006 0810 0004 0898 6878**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Bernadino Olague  
IBWC  
4171 N. Mesa Street  
El Paso, TX 79902

2. Article Number  
(Transfer from service label)  
7006 0810 0004 0898 6823  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
*Bernadino Olague*  
B. Received by (Printed Name)  
*Bernadino Olague*  
C. Date of Delivery  
*4-9-08*  
D. Is delivery address different from item 1?  
If YES, enter delivery address below:  
 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  
 No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Jim Robinson  
IBWC - The Commons,  
4171 N. Mesa Street  
El Paso, TX 79902

2. Article Number  
(Transfer from service label)  
7006 0810 0004 0898 6854  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
*Jim Robinson*  
B. Received by (Printed Name)  
*Jim Robinson*  
C. Date of Delivery  
*4-9-08*  
D. Is delivery address different from item 1?  
If YES, enter delivery address below:  
 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  
 No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Dexter J. Svetlik  
USDA  
13434 Up River Rd., A-14  
Corpus Christi, TX 78410

2. Article Number  
(Transfer from service label)  
7006 0810 0004 0898 6861  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
*Dexter J. Svetlik*  
B. Received by (Printed Name)  
*Dexter J. Svetlik*  
C. Date of Delivery  
*4-9-08*  
D. Is delivery address different from item 1?  
If YES, enter delivery address below:  
 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  
 No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Guy Fipps  
TAMU 2117  
College Station, TX 77843-2117

2. Article Number  
(Transfer from service label)  
7006 0810 0004 0898 7004  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
*Guy Fipps*  
B. Received by (Printed Name)  
*Guy Fipps*  
C. Date of Delivery  
*4-9-08*  
D. Is delivery address different from item 1?  
If YES, enter delivery address below:  
 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  
 No

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Linda Reardon  
13434 Leopard St.  
CC TX 78410

2. Article Number  
(Transfer from service label)  
7006 0810 0004 0898 6861  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  
*Linda Reardon*  
B. Received by (Printed Name)  
*LINDA REARDON*  
C. Date of Delivery  
*4-9-08*  
D. Is delivery address different from item 1?  
If YES, enter delivery address below:  
 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  
 No



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:  
 Jorge Arroyo  
 Texas Water Development Board  
 1700 North Congress  
 Austin, TX 78711-3231

APR 10 2008  
 TRACES

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee

B. Received by (Printed Name) 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 (Transfer from service label) 7006 0810 0004 0898 6700  
 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.

1. Article Addressed to:  
 Earl Chilton, II  
 Texas Parks & Wildlife  
 4200 Smith School Road  
 Austin, TX 78744-3292

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee

B. Received by (Printed Name) 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 (Transfer from service label) 7006 0810 0004 0898 6588  
 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.

1. Article Addressed to:  
 Roel Rodriguez  
 City of McAllen  
 P. O. Box 220  
 McAllen, TX 78505

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee

B. Received by (Printed Name) 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 (Transfer from service label) 7006 0810 0004 0898 5611  
 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.

1. Article Addressed to:  
 Jimmie Steidinger  
 P.O. Box 997  
 Donna, TX 78537

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee

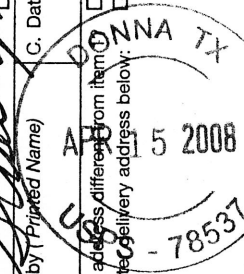
B. Received by (Printed Name) C. Date of Delivery

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 (Transfer from service label) 7006 0810 0004 0898 4188  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 B. Received by (Printed Name)  Addressee  
 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

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:  
 Michael Iribeck  
 U.S. Bureau of Reclamation  
 5316 Hwy. 290 West, Suite 510  
 Austin, TX 78735-8931

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6267  
 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.

1. Article Addressed to:  
 Isaac Posadas  
 Harlingen Waterworks System  
 P.O. Box 1950  
 Harlingen, TX 78551

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6441  
 PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 B. Received by (Printed Name)  Addressee  
 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

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:  
 W.G. Palmer  
 Port of Harlingen Authority  
 P.O. Box 2646  
 Harlingen, TX 78550

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5154  
 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.

1. Article Addressed to:  
 W. Greg Carter, P.E.  
 Region 5 Engineering  
 P.O. Box 2121  
 Corpus Christi, TX 78403-2121

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6748  
 PS Form 3811, February 2004 Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
 B. Received by (Printed Name)  Addressee  
 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)  Addressee  
 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

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee   
B. Received by (Printed Name) *Walter Horton* C. Date of Delivery *1/20/00*  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Pedro R. Garza**  
EDA-U.S. Dept. of Commerce  
504 Lavaca, Ste. 1100  
Austin, TX 78701

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 6786**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee   
B. Received by (Printed Name) *Walter Horton* C. Date of Delivery *1/20/00*  
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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Lorenzo Arriaga**  
U.S. Bureau of Reclamation  
19737 Gateway West, Ste 350  
El Paso, TX 79935-4900

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 6649**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee   
B. Received by (Printed Name) *Aduna Martinez* C. 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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Michael Davidson**  
Far Flung Adventures  
Box 377  
Terlingua, TX 79852

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 6557**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee   
B. Received by (Printed Name) *Aduna Martinez* C. 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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Flavio A. Garza, Jr.**  
USDA - Natural Resources Conservation  
7209 E. Saunders, Suite #7  
Laredo, TX 78043

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 6465**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature James Kowis  Agent Address  B. Received by (Printed Name) 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 (Transfer from service label) 7006 0810 0004 0898 6991

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.

1. Article Addressed to:

James Kowis James Kowis Consulting 817 Texas Trail Austin, TX 78737-9676

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6991

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.

1. Article Addressed to:

Robert Hanneschlager US - EPA Region 6 1445 Ross Ave., Ste 1200 Dallas, TX 75202-2733

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6793

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]  Agent Address  B. Received by (Printed Name) 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 (Transfer from service label) 7006 0810 0004 0898 6793

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.

1. Article Addressed to:

Robert Hanneschlager US - EPA Region 6 1445 Ross Ave., Ste 1200 Dallas, TX 75202-2733

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6793

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]  Agent Address  B. Received by (Printed Name) 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 (Transfer from service label) 7006 0810 0004 0898 6359

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.

1. Article Addressed to:

Stephen F. McLaughlin So. Tex. Housing Dev. Corp. 15844 Rio Rancho Road Harlingen, TX 78552-1901

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6359

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]  Agent Address  B. Received by (Printed Name) 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 (Transfer from service label) 7006 0810 0004 0898 4843

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.

1. Article Addressed to:

Jose Aranda Maverick County 500 Quarry St. Eagle Pass, TX 78852

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4843

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

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Address  
B. Received by (Printed Name) *[Name]* C. Date of Delivery *[Date]*  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
2. Article Number (Transfer from service label) **7006 0810 0004 0898 6816**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *[Name]* C. Date of Delivery *[Date]*  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
2. Article Number (Transfer from service label) **7006 0810 0004 0898 6830**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Address  
B. Received by (Printed Name) *[Name]* C. Date of Delivery *[Date]*  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
2. Article Number (Transfer from service label) **7006 0810 0004 0898 5482**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *[Name]* C. Date of Delivery *[Date]*  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
2. Article Number (Transfer from service label) **7006 0810 0004 0898 6274**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

John Keiser  
South Texas Development Council  
P.O. Box 2187  
Laredo, TX 78044-2187

Carlos Marin  
IBWC  
4171 N. Mesa, Bldg. C-100  
El Paso, TX 79902

Roel Rodriguez  
McAllen Public Utilities  
P.O. Box 220  
McAllen, TX 78505-0220

C. Allan Jones  
Tex. Ag. Experiment Station  
1500 Research Pky, Ste 240  
College Station, TX 77843-2118

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
**Chris Day  
ARCADIS  
11490 Westheimer, Ste 600  
Houston, TX 77077**

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 5802**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature *Chris Day*  Agent  
B. Received by (Printed Name) **Chris Day**  Addressee  
C. Date of Delivery **04/09/08**  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
**Honorable Guadalupe Canales  
Jim Hogg County  
P.O. Box 729  
Hebbronville, TX 78361**

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 3570**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature *Guadalupe Canales*  Agent  
B. Received by (Printed Name) **Guadalupe Canales**  Addressee  
C. Date of Delivery **4/9/08**  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
**Mr. Sandalio "Sandy" Ruiz  
Jim Hogg County Pct. 3  
P.O. Box 729  
Hebbronville, TX 78361**

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 3600**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature *Sandy Ruiz*  Agent  
B. Received by (Printed Name) **Sandy Ruiz**  Addressee  
C. Date of Delivery **4/9/08**  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

**SENDER: COMPLETE THIS SECTION**

1. Article Addressed to:  
**Mr. Sandalio "Sandy" Ruiz  
Jim Hogg County Pct. 3  
P.O. Box 729  
Hebbronville, TX 78361**

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 5710**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature *Sandy Ruiz*  Agent  
B. Received by (Printed Name) **Sandy Ruiz**  Addressee  
C. Date of Delivery **4/9/08**  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

102595-02-M-1540

102595-02-M-1540

102595-02-M-1540

102595-02-M-1540

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

1. Article Addressed to:  
**Mr. Sandalio "Sandy" Ruiz  
Jim Hogg County Pct. 3  
P.O. Box 729  
Hebbronville, TX 78361**

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 5710**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature *Sandy Ruiz*  Agent  
B. Received by (Printed Name) **Sandy Ruiz**  Addressee  
C. Date of Delivery **4/9/08**  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

**COMPLETE THIS SECTION ON DELIVERY**

1. Article Addressed to:  
**Mr. Sandalio "Sandy" Ruiz  
Jim Hogg County Pct. 3  
P.O. Box 729  
Hebbronville, TX 78361**

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 5710**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature *Sandy Ruiz*  Agent  
B. Received by (Printed Name) **Sandy Ruiz**  Addressee  
C. Date of Delivery **4/9/08**  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

**COMPLETE THIS SECTION ON DELIVERY**

1. Article Addressed to:  
**Mr. Sandalio "Sandy" Ruiz  
Jim Hogg County Pct. 3  
P.O. Box 729  
Hebbronville, TX 78361**

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 5802**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature *Sandy Ruiz*  Agent  
B. Received by (Printed Name) **Sandy Ruiz**  Addressee  
C. Date of Delivery **4/9/08**  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

**COMPLETE THIS SECTION ON DELIVERY**

1. Article Addressed to:  
**Mr. Sandalio "Sandy" Ruiz  
Jim Hogg County Pct. 3  
P.O. Box 729  
Hebbronville, TX 78361**

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 5802**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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

A. Signature *Sandy Ruiz*  Agent  
B. Received by (Printed Name) **Sandy Ruiz**  Addressee  
C. Date of Delivery **4/9/08**  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed  
x Amanda Claudio  
B. Received by (Printed Name) C. Date of Delivery  
Amanda Claudio 2-8-04  
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

1. Article Addressed to:  
Honorale Edna Tamayo  
Cameron County Pct. 4  
201 North T Street  
Harlingen, TX 78550

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3914  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed  
x Laura D. Guerra  
B. Received by (Printed Name) C. Date of Delivery  
Laura D. Guerra 4-14-08  
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

1. Article Addressed to:  
Eduardo Guerra  
Region One  
Box 3926 Stop 39C  
Zapata, TX 78076

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3990  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed  
x Cynthia Concha  
B. Received by (Printed Name) C. Date of Delivery  
Cynthia Concha 2/2/11  
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

1. Article Addressed to:  
Honorable Aurelio Guerra  
Willacy County Pct. 4  
546 West Hidalgo  
Raymondville TX 78580

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3990  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed  
x Joe Coulter  
B. Received by (Printed Name) C. Date of Delivery  
Joe Coulter  
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

1. Article Addressed to:  
Joe Coulter  
1810 Central Blvd.  
Brownsville, TX 78520

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6601  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
*Mary James*  
B. Received by (Printed Name)  Date of Delivery  
*Mary James*

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  
(Transfer from service label) **7006 0810 0004 0898 3952**  
Domestic Return Receipt  
PS Form 3811, February 2004

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.

1. Article Addressed to:  
  
Honorable Carlos Cascos  
Cameron County  
964 E. Harrison Street  
Brownsville, TX 78520

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 3853**  
Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-154

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:  
  
Honorable Sofia Benavidez  
Cameron County Pct. 1  
964 E. Harrison Str.  
Brownsville, TX 78520

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 3952**  
Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
*Mateo Escalon*  
B. Received by (Printed Name)  Date of Delivery  
*Mateo Escalon* *2/18/04*  
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

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 3969**  
Domestic Return Receipt  
PS Form 3811, February 2004

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.

1. Article Addressed to:  
  
Honorable John Wood  
Cameron County Pct. 2  
964 E. Harrison Street  
Brownsville, TX 78520

2. Article Number  
(Transfer from service label) **7006 0810 0004 0898 3907**  
Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
*Mary James*  
B. Received by (Printed Name)  Date of Delivery  
*Mary James*  
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  
(Transfer from service label) **7006 0810 0004 0898 3853**  
Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
*Mary James*  
B. Received by (Printed Name)  Date of Delivery  
*Mary James*  
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  
(Transfer from service label) **7006 0810 0004 0898 3907**  
Domestic Return Receipt  
PS Form 3811, February 2004

102595-02-M-154



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:

Honorable Raul Salinas  
City of Laredo  
1110 Houston St.  
Laredo, TX 78040

2. Article Number  
(Transfer from service label) 7006 0810 0004 0898 3785

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.

1. Article Addressed to:

Mr. Carlos R. Villarreal  
Laredo  
1110 Houston St.  
Laredo, TX 78040

2. Article Number  
(Transfer from service label) 7006 0810 0004 0898 3778

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 4/19/08

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

1110 Houston

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.

1. Article Addressed to:

Honorable Eloy Garza  
Starr County Pct.3  
P.O. Box 144  
Garciaville, TX 78547-0144

2. Article Number  
(Transfer from service label) 7006 0810 0004 0898 3655

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.

1. Article Addressed to:

Xavier Villarreal  
T & J Office Supply  
5105 Stop 51A  
Zapata, TX 78056-2859

2. Article Number  
(Transfer from service label) 7006 0810 0004 0898 5031

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) [Signature] C. Date of Delivery 4/19/08

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

1110 Houston

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 [Signature]  Agent  Addressee

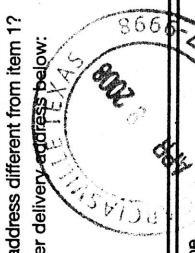
B. Received by (Printed Name) [Signature] C. Date of Delivery 4/18/08

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

1110 Houston

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 *Alicia Palomo*  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
*Alicia Palomo 1/9/08*

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  
(Transfer from service label) 7006 0810 0004 0898 4607  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Honorable Ramiro J. Rodriguez  
City of Palmhurst  
4417 N. Shary Rd.  
Palmhurst, TX 78574

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
X *[Signature]*  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
*[Signature]*

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  
(Transfer from service label) 7006 0810 0004 0898 4492  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
X *[Signature]*  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
*Rebecca Chivros*

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  
(Transfer from service label) 7006 0810 0004 0898 6380  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Jinn Hoffman  
Hidalgo County Irrigation Dist. #13  
1601 Westway (home office)  
McAllen, TX 78501

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
*[Signature]*  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
*[Signature]*

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  
(Transfer from service label) 7006 0810 0004 0898 5390  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Honorable O.D. Emery  
City of Progres Lakes  
P.O. Box 760  
Progreso, TX 78579

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
X *[Signature]*  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
*[Signature]*

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  
(Transfer from service label) 7006 0810 0004 0898 4607  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Ari Michelsen, Ph.D.  
Texas A&M  
1380 A & M Circle  
El Paso, TX 79927-5020

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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  
X *[Signature]*  Addressee  
B. Received by (Printed Name) C. Date of Delivery  
*Rebecca Chivros*

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  
(Transfer from service label) 7006 0810 0004 0898 6380  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

A. Signature  Agent  Addresssee  
 B. Received by (Printed Name) C. Date of Delivery  
 Isabel Velazquez 4/8/08  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

1. Article Addressed to:  
 Denise Blanchard  
 Congressman Solomon Ortiz' Office  
 1805 Ruben Torres Blvd, Ste B-27  
 Brownsville, TX 78526

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

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 (Transfer from service label) 7006 0810 0004 0898 6106  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6168  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15-

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
 Honorable Craig Flood  
 Town of Rancho Viejo  
 3301 Carmen Ave.  
 Rancho Viejo, TX 78575

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 (Transfer from service label) 7006 0810 0004 0898 4645  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addresssee  
 B. Received by (Printed Name) C. Date of Delivery  
 Solomon Ortiz 4/8/08  
 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

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6168  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-15-

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

A. Signature  Agent  Addresssee  
 B. Received by (Printed Name) C. Date of Delivery  
 Isabel Velazquez 4/8/08  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

1. Article Addressed to:  
 Honorable Gumaro Flores  
 City of Sullivan City  
 P.O. Box 249  
 Sullivan City, TX 78595

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

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 (Transfer from service label) 7006 0810 0004 0898 4676  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4676  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Blanca Villalpando*  Agent Addressed  Agent  
B. Received by (Printed Name) 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 7006 0810 0004 0898 6175

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.

1. Article Addressed to:

Brian Macmanus  
East Rio Hondo Water Supply  
P.O. Box 621  
Rio Hondo, TX 78583

2. Article Number 7006 0810 0004 0898 5123

Domestic Return Receipt

102595-02-M-15

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Elene Juvi*  Agent Addressed  Agent  
B. Received by (Printed Name) C. Date of Delivery  
*Elenarica 4/11/03*

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 *Blanca Villalpando*  Agent Addressed  Agent  
B. Received by (Printed Name) C. Date of Delivery  
*Blanca Villalpando*

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 7006 0810 0004 0898 4997

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.

1. Article Addressed to:

Blanca Villalpando  
Senator Eddie Lucio's Office  
500 So. Kansas  
Weslaco, TX 78596

2. Article Number 7006 0810 0004 0898 6113

Domestic Return Receipt

102595-02-M-15

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:

Eddie Lucio, Jr.  
500 So. Kansas  
Weslaco, TX 78596

2. Article Number 7006 0810 0004 0898 6175

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.

1. Article Addressed to:

Rick Reyes  
IBWC  
325 Golf Course Road  
Mercedes, TX 78570

2. Article Number 7006 0810 0004 0898 4997

Domestic Return Receipt

102595-02-M-1540

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  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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Jroy Gomez  
Rio Grande Guardian  
P. O. Box 5057  
McAllen, TX 78502-5057

2. Article Number (Transfer from service label) 7006 0810 0004 0898 5826  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Honorable Rosaura Tijerina  
Webb County Pct.2  
1000 Houston St. 2nd Floor  
Laredo, TX 78040

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3723  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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  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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Starr County Clerk  
401 N. Britton Ave.  
Rio Grande City, TX 78582

2. Article Number (Transfer from service label) 7006 0810 0004 0898 6694  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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  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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Honorable Jerry Garza  
Webb County Pct.3  
1000 Houston St. 1st Floor  
Laredo, TX 78040

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3730  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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  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

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Honorable Jerry Garza  
Webb County Pct.3  
1000 Houston St. 1st Floor  
Laredo, TX 78040

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3730  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
X Diana Snow  
B. Received by (Printed Name) C. Date of Delivery  
Diana Snow 4.9.08  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

1. Article Addressed to:

Honorable Luis C. Martinez  
Town of Indian Lake  
62 South Aztec Cove Drive  
Los Fresnos, TX 78566

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4386  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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.

1. Article Addressed to:

Honorable Frank Sciaraffa  
Webb County Pct. 1  
1000 Houston St. 1st Floor  
Laredo, TX 78040

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3716  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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  Addressee  
X [Signature]  
B. Received by (Printed Name) C. Date of Delivery  
[Signature] 4.9.08  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent  Addressee  
X Diana Snow  
B. Received by (Printed Name) C. Date of Delivery  
Diana Snow 4.9.08  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

1. Article Addressed to:

Honorable Luis C. Martinez  
Town of Indian Lake  
62 South Aztec Cove Drive  
Los Fresnos, TX 78566

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4386  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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.

1. Article Addressed to:

Honorable Frank Sciaraffa  
Webb County Pct. 1  
1000 Houston St. 1st Floor  
Laredo, TX 78040

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3716  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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  Addressee  
X [Signature]  
B. Received by (Printed Name) C. Date of Delivery  
[Signature] 4.9.08  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

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:

Honorable Sergio Martinez  
Webb County Pct. 4  
1000 Houston St. 1st Floor  
Laredo, TX 78040

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3747  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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  Addressee  
X [Signature]  
B. Received by (Printed Name) C. Date of Delivery  
[Signature] 4.9.08  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

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:

Honorable Sergio Martinez  
Webb County Pct. 4  
1000 Houston St. 1st Floor  
Laredo, TX 78040

2. Article Number (Transfer from service label) 7006 0810 0004 0898 3747  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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  Addressee  
X [Signature]  
B. Received by (Printed Name) C. Date of Delivery  
[Signature] 4.9.08  
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

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:

Honorable Sergio Martinez  
Webb County Pct. 4  
1000 Houston St. 1st Floor  
Laredo, TX 78040


2. Article Number (Transfer from service label) 7006 0810 0004 0898 3747  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

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

SENDER: COMPLETE THIS SECTION

A. Signature   Agent  Addressee

B. Received by (Printed Name) Lisa Weaver C. 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

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4317

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


SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
  
 Honorable Joel Quintanilla  
 City of Mercedes  
 P.O. Box 837  
 Mercedes, TX 78570

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4478

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature   Agent  Addressee

B. Received by (Printed Name) Lori Weaver C. 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

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4393

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

A. Signature   Agent  Addressee

B. Received by (Printed Name) Lisa Weaver C. Date of Delivery 4-8-08

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

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4577


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

1. Article Addressed to:  
  
 Honorable Lori Weaver  
 City of La Feria  
 115 E. Commercial Ave.  
 La Feria, TX 78559

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4393

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature   Agent  Addressee

B. Received by (Printed Name) Lisa Weaver C. 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

2. Article Number (Transfer from service label) 7006 0810 0004 0898 4393

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *CRADYS DEANILES* C. Date of Delivery *4-9-08*  
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

2. Article Number *7006 0810 0004 0898 3525*  
(Transfer from service label)  
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Honorable Cesar Flores  
Maverick Pct.4  
500 Quarry Ste.3  
Eagle Pass, TX 78853

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:  
Honorable Chad Foster  
City of Eagle Pass  
100 South Monroe  
Eagle Pass, TX 78852

1. Article Addressed to:  
Mr. Norberto Garza  
Zapata Pct.4  
P.O Box 1009  
Zapata, TX 78076

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Honorable Chad Foster  
City of Eagle Pass  
100 South Monroe  
Eagle Pass, TX 78852

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.

2. Article Number *7006 0810 0004 0898 3518*  
(Transfer from service label)  
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *ERICKA GONZA* C. Date of Delivery *4-9-08*  
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

2. Article Number *7006 0810 0004 0898 3518*  
(Transfer from service label)  
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-M-154

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Mr. Norberto Garza  
Zapata Pct.4  
P.O Box 1009  
Zapata, TX 78076

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.

2. Article Number *7006 0810 0004 0898 3639*  
(Transfer from service label)  
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *CRADYS DEANILES* C. Date of Delivery *4-9-08*  
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

2. Article Number *7006 0810 0004 0898 3792*  
(Transfer from service label)  
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Honorable Rosalva Guerra  
Zapata County  
P.O Box 99  
Zapata, TX 78076

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:  
Honorable Rosalva Guerra  
Zapata County  
P.O Box 99  
Zapata, TX 78076

1. Article Addressed to:  
Mr. Norberto Garza  
Zapata Pct.4  
P.O Box 1009  
Zapata, TX 78076

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *Eric Chavez* C. Date of Delivery *5-04-08*  
D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  
*4-9-08*

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 *7006 0810 0004 0898 3792*  
(Transfer from service label)  
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Honorable Rosalva Guerra  
Zapata County  
P.O Box 99  
Zapata, TX 78076

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:  
Mr. Norberto Garza  
Zapata Pct.4  
P.O Box 1009  
Zapata, TX 78076

1. Article Addressed to:  
Mr. Norberto Garza  
Zapata Pct.4  
P.O Box 1009  
Zapata, TX 78076

COMPLETE THIS SECTION ON DELIVERY

A. Signature *[Signature]*  Agent  Addressee  
B. Received by (Printed Name) *Daniel Alvarez* C. Date of Delivery *4-9-08*  
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

2. Article Number *7006 0810 0004 0898 3639*  
(Transfer from service label)  
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-M-154

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
Mr. Norberto Garza  
Zapata Pct.4  
P.O Box 1009  
Zapata, TX 78076

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.

2. Article Number *7006 0810 0004 0898 3639*  
(Transfer from service label)  
Domestic Return Receipt  
PS Form 3811, February 2004  
102595-02-M-154

1. Article Addressed to:  
Mr. Norberto Garza  
Zapata Pct.4  
P.O Box 1009  
Zapata, TX 78076



COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

A. Signature  Agent Addressed  Addressed  
 B. Received by (Printed Name) Salic Arceve C. Date of Delivery 4-9-08  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

1. Article Addressed to:  
 Mr. Jose E. Vela  
 Zapata Pct. 1  
 P.O. Box 1009  
 Zapata, TX 78076

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 (Transfer from service label) 7006 0810 0004 0898 3808  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed  Addressed  
 B. Received by (Printed Name) Salic Arceve C. Date of Delivery 4-9-08  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

1. Article Addressed to:  
 Mr. Joseph Rathmell  
 Zapata Pct. 3  
 P.O. Box 1009  
 Zapata, TX 78076

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 (Transfer from service label) 7006 0810 0004 0898 3822  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

SENDER: COMPLETE THIS SECTION

A. Signature  Agent Addressed  Addressed  
 B. Received by (Printed Name) Nancy Sanchez C. Date of Delivery 4/18/08  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

1. Article Addressed to:  
 Honorable Senovio Castillo  
 City of Elsa  
 P.O. Box 427  
 Elsa, TX 78543

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 (Transfer from service label) 7006 0810 0004 0898 4348  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent Addressed  Addressed  
 B. Received by (Printed Name) Salic Arceve C. Date of Delivery 4-9-08  
 D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

1. Article Addressed to:  
 Honorable Joe Ochoa  
 City of Edinburg  
 P.O. Box 1079  
 Edinburg, TX 78540

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 (Transfer from service label) 7006 0810 0004 0898 4331  
 PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Antonio Chavez*  Agent  Addressee  
B. Received by (Printed Name) *Antonio Chavez* C. 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  No

Article Number 7006 0810 0004 0898 4584  
*Transfer from service label*  
PS Form 3811, February 2004  
102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Honorable Ruben Ochoa, Jr.**  
**City of Santa Rosa**  
**P.O. Box 326**  
**Santa Rosa, TX 78593**

2. Article Number 7006 0810 0004 0898 4546  
*(Transfer from service label)*  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Enriqueh Condes*  Agent  Addressee  
B. Received by (Printed Name) C. 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  No

Article Number 7006 0810 0004 0898 4324  
*(Transfer from service label)*  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-154

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Honorable J. Calin Guzman**  
**City of Edcouch**  
**P.O. Box 100**  
**Edcouch, TX 78538**

2. Article Number 7006 0810 0004 0898 4324  
*(Transfer from service label)*  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-154

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Maribel Sanchez*  Agent  Addressee  
B. Received by (Printed Name) *Maribel Sanchez* C. Date of Delivery *4-1-08*  
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  No

Article Number 7006 0810 0004 0898 4621  
*(Transfer from service label)*  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-1540

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Honorable San Juanita Sanchez**  
**City of San Juan**  
**709 S. Nebraska**  
**San Juan TX 78589**

2. Article Number 7006 0810 0004 0898 4621  
*(Transfer from service label)*  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Maribel Sanchez*  Agent  Addressee  
B. Received by (Printed Name) *Maribel Sanchez* C. 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  No

Article Number 7006 0810 0004 0898 4324  
*(Transfer from service label)*  
PS Form 3811, February 2004  
Domestic Return Receipt  
102595-02-M-154

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:  
**Honorable San Juanita Sanchez**  
**City of San Juan**  
**709 S. Nebraska**  
**San Juan TX 78589**

2. Article Number 7006 0810 0004 0898 4621  
*(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.

1. Article Addressed to:

Zapata County WCID  
 Hwy. 16 E  
 P.O. Box 427  
 Zapata, TX 78076

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 3464**  
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **x Anna Davila** Agent  Addressee   
 B. Received by (Printed Name) **ANNA GONZALEZ** C. Date of Delivery **1-9-08**  
 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

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:

Honorable Rodolfo "Rudy" Heredia  
 Maverick Pct.2  
 500 Quarry Ste.3  
 Eagle Pass, TX 78853

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 3549**  
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1541

COMPLETE THIS SECTION ON DELIVERY

A. Signature **[Signature]** Agent  Addressee   
 B. Received by (Printed Name) **CLAYTON REMANIDES** C. Date of Delivery **4-9-08**  
 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

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:

Honorable Jose A. Aranda, Jr.  
 Maverick  
 500 Quarry Ste.3  
 Eagle Pass, TX 78853

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 3563**  
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature **[Signature]** Agent  Addressee   
 B. Received by (Printed Name) **CLAYTON REMANIDES** C. Date of Delivery **4-9-08**  
 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

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:

Honorable David Saucedo  
 Maverick Pct.3  
 500 Quarry Ste.3  
 Eagle Pass, TX 78853

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 3532**  
 PS Form 3811, February 2004 Domestic Return Receipt

102595-02-M-1541

COMPLETE THIS SECTION ON DELIVERY

A. Signature **[Signature]** Agent  Addressee   
 B. Received by (Printed Name) **CLAYTON REMANIDES** C. Date of Delivery **4-9-08**  
 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

**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:

Amando Garza  
 South Texas Development Council  
 P.O. Box 2187  
 Laredo, TX 78044-2187

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Amanda Hernandez*  Agent  Addressee  
 B. Received by (Printed Name) *Amanda Hernandez* C. Date of Delivery *2/10/04*

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

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 6779**

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.

1. Article Addressed to:

Fernando Roman, P.E.  
 Tetra Tech  
 501 Soledad  
 San Antonio, TX 78205

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee  
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *1-9-04*

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

2. Article Number  
 (Transfer from service label) **7006 0810 0004 0898 5635**

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1

7006 0810 0004 0898 5561

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**OFFICIAL USE**

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

*gave 2 Debby  
Deceased*

Postmark  
Here

Total F **Homer Faseler**

Sent To **Teniente Water Irrigation Dist. #1**  
Street, Apt or PO Box **Rt. 2, #50 Kenaf Road**  
City, State **Raymondville, TX 78580**

PS Form 3800, June 2002

See Reverse for Instructions

7006 0810 0004 0898 5062

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**OFFICIAL USE**

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

*gave 2 Debby  
wrong address*

Postmark  
Here

Total Pr **Guadalupe Carlos Garza**

Sent To **1460 E. 6th Street**  
Street, Apt or PO Box **Roma, TX 78584**  
City, State

PS Form 3800, June 2002

See Reverse for Instructions

7006 0810 0004 0898 6427

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**OFFICIAL USE**

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

Postmark  
Here

Total Pr **Julian Perales**

Sent To **Brownsville PUB**  
Street, Apt or PO Box **P.O. Box 3270**  
City, State **Brownsville, TX 78523-3270**

PS Form 3800, June 2002

See Reverse for Instructions

7006 0810 0004 0898 6717

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**OFFICIAL USE**

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

*gave 2 Debby  
wrong address*

Postmark  
Here

Total P **Jose M. Amador, Ph.D**

Sent To **Tex Ag. Experiment Station**  
Street, Apt or PO Box **2415 E. Highway 83**  
City, State **Weslaco, TX 78596**

PS Form 3800, June 2002

See Reverse for Instructions

7006 0810 0004 0898 5208

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**OFFICIAL USE**

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

Total Po **Carl Maccomb Walsdore**  
**Sent To** Cameron County Irr. Dist. #10  
 Street, A or PO Bo. 29776 Tract 43 Rd.  
 City, Stat. Los Fresnos, TX 78566

PS Form 3800, June 2002

7006 0810 0004 0898 3693

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

Total Pc  
**Sent To** Honorable Kevin Hiles  
 Street, A or PO Bo. Rio Grande City  
 City, Stat. 101 S. Washington  
 Rio Grande, TX 78582

PS Form 3800, June 2002

7006 0810 0004 0898 5970

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

Total P **Elizabeth Pierson**  
**Sent To** Valley Morning Star  
 Street, A or PO Bo. P. O. Box 4365  
 City, Sta. Austin, TX 78765

PS Form 3800, June 2002 See Reverse for Instructions

7006 0810 0004 0898 5321

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

Total **Gale Armstrong**  
**Sent To** El Jardin Water Supply Corp.  
 Street, or PO 5250 Coffee Port Road, Suite D  
 City, S. Brownsville, TX 78521

PS Form 3800, June 2002 See Reverse for Instructions

7006 0810 0004 0898 5260

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**OFFICIAL USE**

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

Total Postage & Fees: Santos Saldana

Sent To: Hidalgo County DID #1

Street, Apt or PO Box: P.O. Box 1356

City, State: Edinburg, TX 78539

PS Form 3800, June 2002 See reverse for instructions

5055 0898 0004 0810 7006

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**OFFICIAL USE**

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

Total Postage & Fees: Gordon Hill

Sent To: Bayview Irrigation District

Street, Apt or PO Box: Route 3, Box 19 1105 San Roman

City, State: Los Fresnos, TX 78566

PS Form 3800, June 2002 See reverse for instructions

7006 0810 0004 0898 5734

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

Total Postage & Fees: Ignacio Madera

Sent To: The Madera Workshop

Street, Apt or PO Box: P. O. Box 4455

City, State: Austin, TX 78765

PS Form 3800, June 2002 See reverse for instructions

5253 0898 0004 0810 7006

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**OFFICIAL USE**

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

Total Postage & Fees: Frank "JoJo" White

Sent To: Hidalgo & Cameron Counties Irr.

Street, Apt or PO Box: P.O. Box 237

City, State: Mercedes, TX 78570

PS Form 3800, June 2002 See reverse for instructions





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

**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:

Jorge L. Trevino  
 Translation Services  
 1765 Old Creek Ct.  
 Brownsville, TX 78521

2. Article Number  
*(Transfer from service label)*

7006 0810 0004 0898 7011

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

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

**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:

Lisa Williams  
 The Nature Conservancy  
 P. O. Box 6281  
 McAllen, TX 78502-6281

2. Article Number  
*(Transfer from service label)*

7006 0810 0004 0898 4867

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  
 Addressee
- B. Received by (*Printed Name*) 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  
 Addressee
- B. Received by (*Printed Name*) 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

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**OFFICIAL USE**

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

10 0004 0898 6984

*Have 2 Dobby.*

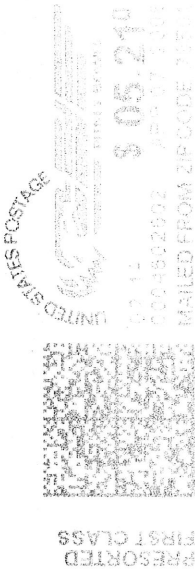
*Postmark Here 0.15*

Total  
**Nadira Kabir**  
 Turner Collie & Braden, Inc.  
 400 W. 15th St., Ste. 500  
 Austin, TX 78701

**Nadira Kabir**  
 Turner Collie & Braden, Inc.  
 400 W. 15th St., Ste. 500  
 Austin, TX 78701

*ed*  
*15.*  
*10x*

PS Form 3800, June 2002 See Reverse for Instructions



*NOTE TURNER*

*UAA*

UTF



7570181501 0029

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**OFFICIAL USE**

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

1810 0004 0898 4483

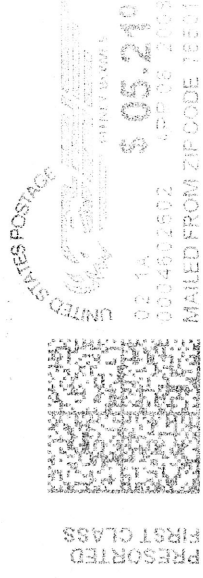
*Have 2 Dobby*

Total Postage & Fees \$  
**Willie Cruz**  
 CCWID #16  
 34360 FM 1577  
 San Benito, TX 78586

**Willie Cruz**  
 CCWID #16  
 34360 FM 1577  
 San Benito, TX 78586

**UNCLAIMED**

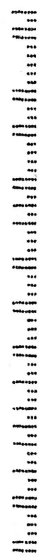
*11/1/29*



*10s*

UNC

**CERTIFIED MAIL™**



7570181501 0029

4983 8680 4000 0180 9002

4983 8680 4000 0180 9002

PLACE STICKERS AT TOP OF MAILPIECE

**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:

~~Nadira Kabil  
Turner Collie & Braden, Inc.  
400 W. 15th St., Ste. 500  
Austin, TX 78701~~

2. Article Number  
(Transfer from service label)  
**7006 0810 0004 0898 6984**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)

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

PLACE STICKERS AT TOP OF MAILPIECE

**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:

Willie Cruz  
CCWID #16  
34360 FM 1577  
San Benito, TX 78586

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 Agent  
 Addressee

B. Received by (Printed Name)

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  
(Transfer from service label)  
**7006 0810 0004 0898 4683**  
PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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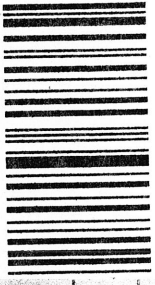
**OFFICIAL USE**

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

Postmark Here  
*Robert Monk*

Total F  
 Sent To **Monica M. Monk**  
**U.S. Fish & Wildlife Serv.**  
 Rt. 2, Box 202A  
 Alamo, TX 78516

PS Form 3800, June 2002 See Reverse for Instructions



0004 0898 6410

*Bob Baunty*  
**Monica M. Monk**  
 U.S. Fish & Wildlife Serv.  
 Rt. 2, Box 202A  
 Alamo, TX 78516

UNABLE TO FORWARD

UNITED STATES POSTAGE  
 \$05.21  
 02-14 0004602602 APR 07 2008  
 MAILED FROM ZIP CODE 78516

*784-7561*  
*Reg M*  
*Interested.*

UTP



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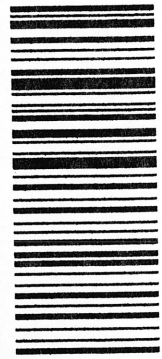
**OFFICIAL USE**

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

Postmark Here  
*Donnie Valdez*

Total Postage & Fees \$  
 Sent To **Donnie Valdez**  
**Minority Agricultural Producers Coop**  
 1201 Lantana Lane  
 Weslaco, TX 78596

PS Form 3800, June 2002 See Reverse for Instructions



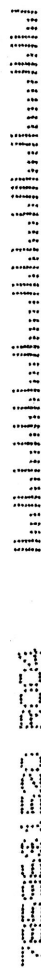
0004 0898 5994

*3-3158*  
*4/29/08*  
**Donnie Valdez**  
 Minority Agricultural Producers Coop  
 1201 Lantana Lane  
 Weslaco, TX 78596

UNITED STATES POSTAGE  
 \$05.21  
 02-14 0004602602 APR 07 2008  
 MAILED FROM ZIP CODE 78516

*Reg M interested*

*# 4/8*  
*Get Notified*  
*and Notify*  
*Return*



**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:

Monica M. Monk  
 U.S. Fish & Wildlife Serv.  
 Rt. 2, Box 202A  
 Alamo, TX 78516

2. Article Number  
 (Transfer from service label)

7006 0810 0004 0898 6410

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT  
 OF THE RETURN ADDRESS, FOLD DOG EARS TO THE RIGHT

**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:

Donnie Valdez  
 Minority Agricultural Producers Coop  
 1201 Lantana Lane  
 Weslaco, TX 78596

2. Article Number  
 (Transfer from service label)

7006 0810 0004 0898 5994

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) 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  
 Addressee

B. Received by (Printed Name) 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

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

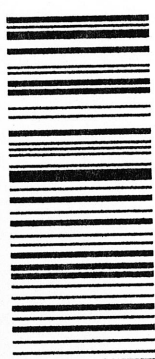
Postage \$	
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees   \$	

Sent To  
 Don Medina  
 1701 Orchid  
 McAllen, TX 78504

Sites, A  
 or PO Box  
 City, Sta

PS Form

**CERTIFIED MAIL™**

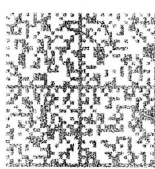


810 0004 0898 6366

Don Medina  
 1701 Orchid  
 McAllen, TX 78504

*2, 3, 4, 5*  
*1701*

PRESORTED  
 FIRST CLASS



UNITED STATES POSTAGE  
 PERMIT NO. 6025  
 \$05.21  
 02 1A  
 0004602602 APR 07 2008  
 MAILED FROM ZIP CODE 78504

APR - 8  
 1st  
 2nd  
 3rd

7850433705 0000

2005 0810 0004 0898 6366

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
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- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Don Medina  
1701 Orchid  
McAllen, TX 78504

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee

B. Received by (Printed Name) 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 (Transfer from service label) 7006 0810 0004 0898 6366

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