

PROOF OF PUBLICATION

The following legal notice has been published in THE CIBOLA CITIZEN, a weekly newspaper published in Grants, Cibola County, State of New Mexico.

Legal-English

in said newspaper for One (1) time(s) on the following date(s):

9/11

SIGNED: James S. Ford

TITLE: Managing Editor

Sworn and subscribed before me this 11th day of September 2019

Sylvia Anzures Gonzales
Notary Public Signature



OFFICIAL SEAL
Sylvia Anzures Gonzales
NOTARY PUBLIC - State of New Mexico

My Commission Expires 9/24/22

Legal Cost: \$9264

LEGAL NOTICE

Permit Revision 19-1 Application - Rio Algom Interim Closure/Closeout Plan Pursuant to the New Mexico Mining Act Rules, 19.10.5 and 19.10.9.903 through H. Rio Algom Mining, LLC ("RAML") provides this notice of its application to the New Mexico Energy, Minerals, and Natural Resources Department Mining and Minerals Division ("MMD") for Revision 19-1, an Interim Closure/Closeout Plan for the Old Stope Leach Mine, Permit No. MK009RE. The Permit and application describe reclamation provisions and standards subject to the New Mexico Mining Act and Mining Act Rules.

Location of real property affected: The Old Stope Leach Mine project area is located within Ambrosia Lake Valley, approximately 25 miles north of Grants, New Mexico. The project area is located in T14N, R9W Sections 20, 33, and 35, and portions of Sections 17, 29, 30, 32, and 34; T13N, R9W Sections 1, 2, 3, 11; and T14N, R10W Section 24 and portions of Sections 22 and 26.

Purpose of the Application: The purpose of the application is to provide a basis for updating RAML's financial assurance with the State of New Mexico. The application is an Interim Closure/Closeout Plan, which outlines a conceptual plan for the reclamation of Permit No. MK009RE and forms the basis for updating RAML's financial assurance. The application is being processed by MMD as Revision 19-1 to Permit No. MK009RE.

Permittee and mailing address: Rio Algom Mining, LLC, PO Box 218, Grants, NM 87020.

A copy of the application is available for viewing during normal business hours at:

New Mexico Energy, Minerals,
Natural Resource Department
Mining and Minerals Division
1220 South St. Francis Drive
Santa Fe New Mexico 87505

This application can also be viewed at or downloaded from New Mexico Energy, Minerals, and Natural Resources Department website:

<http://www.emnrd.state.nm.us/MMD/MAR/P/MK009RE.html>

Name and address to submit written comments or requests for Public Hearing:

Written comments or requests for a public hearing with regard to this application shall be submitted to: Fernando Martínez, Director, Mining and Minerals Division, 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. Within 30 days of the date of this public notice, any interested person may file written comments to the proposed application with the Director at the above address and request a public hearing. If a hearing is timely requested, the Director shall set a hearing unless the request is clearly frivolous. The Director may hold a public hearing absent any request. If a public hearing is held, it will be advertised in accordance with 19.10.9.904 NMAC.

Published in the Cibola Citizen September 11, 2019. Invoice #0288.

PROOF OF PUBLICATION

The following legal notice has been published in THE CIBOLA CITIZEN, a weekly newspaper published in Grants, Cibola County, State of New Mexico.

Legal-Spanish

in said newspaper for One (1) time(s) on the following date(s):

9/11

SIGNED: James S. Ford
TITLE: Managing Editor

Sworn and subscribed before me this 11th day of September 2019

Sylvia Anzures Gonzales
Notary Public Signature

OFFICIAL SEAL
Sylvia Anzures Gonzales
NOTARY PUBLIC-State of New Mexico
My Commission Expires 9/24/22

Legal Cost: \$ 97.79

LEGAL NOTICE
Solicitud de Revisión de Permiso 19-1 - Plan de Cierre Provisional/Cierre de Río Algom
De conformidad con lo dispuesto en 19.10.5 y 19.10.9.903 de secciones A a I del New Mexico Mining Act Rules, Rio Algom Mining, LLC ("RAML") proporciona este aviso de su solicitud al New Mexico Energy, Minerals, and Natural Resources Department Mining and Minerals Division ("MMD") de revisión de permiso 19-1, un plan de cierre provisional para el Old Stope Leach Mine, número de permiso MK009RE. El permiso y la aplicación describen disposiciones y normas de recuperación propenso al New Mexico Mining Act y Mining Act Rules.
La ubicación de la propiedad inmobiliaria afectada: El área del proyecto del Old Stope Leach Mine se encuentra dentro de la Ambrosia Lake Valley, aproximadamente 25 millas al norte de Grants, New Mexico. El área del proyecto se encuentra en T14N, R9W secciones 20, 33, y 35 y porciones de secciones 17, 29, 30, 32, y 34; T13N, R9W secciones 1, 2, 3, 11; y T14N, R10W sección 24 y porciones de secciones 22 y 26.
El propósito de la aplicación: El propósito de la aplicación es proporcionar una base para actualizar el aseguramiento financiero de RAML con el estado de New Mexico. La aplicación es un plan de cierre provisional, el cual describe un plan conceptual para la recuperación del permiso número MK009RE y forma la base de actualizar el aseguramiento financiero de RAML. La aplicación está siendo procesada por MMD como Revisión 19-1 al permiso número MK009RE.
Permiso y dirección postal: Rio Algom Mining, LLC, PO Box 218, Grants, NM 87020.
Una copia de la aplicación está disponible para ver dentro del horario comercial normal a:
New Mexico Energy, Minerals, Natural Resource Department Mining and Minerals Division
1220 South St. Francis Drive
Santa Fe New Mexico 87505
Esta aplicación también se puede ver o descargar del sitio web del New Mexico Energy, Minerals, and Natural Resources Department:
http://www.emnrd.state.nm.us/MMD/MAR_P/MK009RE.html
El nombre y la dirección para entregar comentarios escritos o solicitudes de audiencia pública: Los comentarios escritos o solicitudes de audiencia pública con respecto a esta aplicación se presentarán a: Fernando Martinez, Director, Mining and Minerals Division, 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. Dentro de 30 días de la fecha de este aviso público, cualquiera persona interesada se puede presentar comentarios escritos a la aplicación propuesta con el director en la dirección anterior y solicitar una audiencia pública. Si se solicita una audiencia oportunamente, el director fijará una audiencia a menos que la solicitud es claramente frívolo. El director puede celebrar una audiencia pública sin una solicitud. Si se celebra una audiencia pública, se anunciará de acuerdo con 19.10.9.904 NMAC.
Published in the Cibola Citizen September 11, 2019. Invoice #0289.

Affidavit of Publication

STATE OF NEW MEXICO

) SS

COUNTY OF MCKINLEY

Amelda Besselente being duly sworn upon oath, deposes and says:

As LEGAL CLERK of The Independent, a newspaper published in and having a general circulation in McKinley County, New Mexico and in the City of Gallup, New Mexico and having a general circulation in Cibola County, New Mexico and in the City of Grants, New Mexico and having a general circulation in Apache County, Arizona and in the City of St. Johns and in the City of Window Rock, Arizona therein: that this affiant makes the affidavit based upon personal knowledge of the facts herein sworn to. That the publication, a copy of which is hereto attached was published in said newspaper during the period time of publication and said notice was published in the newspaper proper, and not in a supplement thereof, for Six Times, the first publication being on the 11th day of September, 2019, the second publication being on the 13th day of September, 2019, the third publication being on the 14th day of September, 2019, 16th day of September, 2019, 17th day of September, 2019

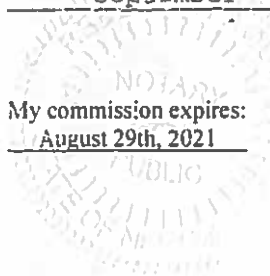
and the last publication being on the 18th day of September, 2019. That such newspaper, in which such notice or advertisement was published, is now and has been at all times material hereto, duly qualified for such purpose, and to publish legal notices and advertisements within the meaning of Chapter 12, of the statutes of the State of New Mexico, 1941 compilation,

Amelda Besselente
Affiant.

Sworn and Subscribed to before me this 19th day of September, A.D., 2019.

Bailey Payne
Notary Public

My commission expires:
August 29th, 2021



Affidavit of Publication

STATE OF NEW MEXICO

) SS

COUNTY OF MCKINLEY

Amelda Besselente being duly sworn upon oath, deposes and says:

As LEGAL CLERK of The Independent, a newspaper published in and having a general circulation in McKinley County, New Mexico and in the City of Gallup, New Mexico and having a general circulation in Cibola County, New Mexico and in the City of Grants, New Mexico and having a general circulation in Apache County, Arizona and in the City of St. Johns and in the City of Window Rock, Arizona therein: that this affiant makes the affidavit based upon personal knowledge of the facts herein sworn to. That the publication, a copy of which is hereto attached was published in said newspaper during the period time of publication and said notice was published in the newspaper proper, and not in a supplement thereof, for Six Times, the first publication being on the 11th day of September, 2019, the second publication being on the 13th day of September, 2019, the third publication being on the 14th day of September, 2019, 16th day of September, 2019, 17th day of September, 2019

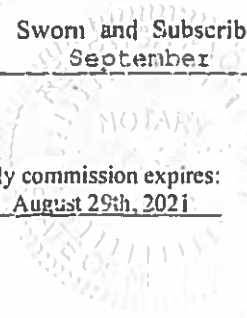
and the last publication being on the 18th day of September, 2019. That such newspaper, in which such notice or advertisement was published, is now and has been at all times material hereto, duly qualified for such purpose, and to publish legal notices and advertisements within the meaning of Chapter 12, of the statutes of the State of New Mexico, 1941 compilation,

Amelda Besselente
Affiant.

Sworn and Subscribed to before me this 19th day of September, A.D., 2019.

Rebecca Page
Notary Public

My commission expires:
August 29th, 2021





The Associated Press
g-8 during the first round of
e Sulphur Springs on Thurs-

n shoots ads at 2

Three of his back-nine birdies were putts of under 10 feet.

"I have a lot of good memories here and I'm excited to be back defending," Na said. "Nice to see my picture up on the wall and have my own defending champion locker. It's pretty cool." Hubbard, who won once in 23 Korn Ferry events last season, had a bogey-free round and is looking for his first top-10 finish since joining the PGA Tour in 2015.

"Finishing 40th every week isn't fun. Grinding to make cuts isn't fun," Hubbard said. "I feel like I needed to go back and get that experience and learn how to win again, and this time, I'm going to win."

Legal Notice

LEGAL NOTICE
Window Rock-Apache County
Arizona

NAVAJO NATION ADVISORY COUNCIL Membership VACANCIES
Navajo Nation Advisory Council On Disabilities (NNACOD)

The NNACOD is seeking applications for Council Membership vacancies. This Advisory Council serves as an advocacy and advisory body regarding disability related issues and needs. Applicants must be a Person with a Disability, a Family Member of a Person with a Disability or a Disability Service Provider. Please contact the Department of Dine' Education/OSERS at 928-871-6338 and apply for vacancy in the Chinle Agency and Eastern Navajo Agency areas.

Legal #18851 Published in The Independent September 9 & 10 & 11 & 13 & 14 & 16 & 17 & 18 & 20 & 21 & 23 & 24 & 25 & 27 & 28, 2019.

LEGAL NOTICE
Grants - Cibola County
New Mexico

Aviso Legal
Solicitud de Revisión de Permiso 19-1 - Plan de Cierre Provisional/Cierre de Rio Algom

De conformidad con lo dispuesto en 19.10.5 y 19.10.9.903 de secciones A a H del New Mexico Mining Act Rules, Rio Algom Mining, LLC ("RAML") proporciona este aviso de su solicitud al New Mexico Energy, Minerals, and Natural Resources Department Mining and Minerals Division ("MMD") de revisión de permiso 19-1, un plan de cierre provisional para el Old Stope Leach Mine, numero de permiso MK009RE. El permiso y la aplicación describen disposiciones y normas de recuperación propenso al New Mexico Mining Act y Mining Act Rules.

La ubicación de la propiedad inmobiliaria afectada: El área del proyecto del Old Stope Leach Mine se encuentra dentro de la Ambrosia Lake Valley, aproximadamente 25 millas al norte de Grants, New Mexico. El área del proyecto se encuentra en T14N, R9W secciones 20, 33, y 35 y porciones de secciones 17, 29, 30, 32, y 34; T13N, R9W secciones 1, 2, 3, 11; y T14N, R10W sección 24 y porciones de secciones 22 y 26.

El propósito de la aplicación: El propósito de la aplicación es proporcionar una base para actualizar el aseguramiento financiero de RAML con el estado de New Mexico. La aplicación es un plan de cierre provisional, el

Legal Notice

provisions and standards subject to the New Mexico Mining Act and Mining Act Rules.

Location of real property affected: The Old Stope Leach Mine project area is located within Ambrosia Lake Valley, approximately 25 miles north of Grants, New Mexico. The project area is located in T14N, R9W Sections 20, 33, and 35, and portions of Sections 17, 29, 30, 32, and 34; T13N, R9W Sections 1, 2, 3, 11; and T14N, R10W Section 24 and portions of Sections 22 and 26.

Purpose of the Application: The purpose of the application is to provide a basis for updating RAML's financial assurance with the State of New Mexico. The application is an Interim Closure/Closeout Plan, which outlines a conceptual plan for the reclamation of Permit No. MK009RE and forms the basis for updating RAML's financial assurance. The application is being processed by MMD as Revision 19-1 to Permit No. MK009RE.

Permittee and mailing address: Rio Algom Mining, LLC, PO Box 218, Grants, NM 87020.

A copy of the application is available for viewing during normal business hours at:

New Mexico Energy, Minerals,
Natural Resource Department
Mining and Minerals Division
1220 South St. Francis Drive
Santa Fe New Mexico 87505

This application can also be viewed at or downloaded from New Mexico Energy, Minerals, and Natural Resources Department website:

<http://www.emnrd.state.nm.us/MD/MARP/MK009RE.html>

Name and address to submit written comments or requests for Public Hearing:

Written comments or requests for a public hearing with regard to this application shall be submitted to: Fernando Martinez, Director, Mining and Minerals Division, 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. Within 30 days of the date of this public notice, any interested person may file written comments to the proposed application with the Director at the above address and request a public hearing. If a hearing is timely requested, the Director shall set a hearing unless the request is clearly frivolous. The Director may hold a public hearing absent any request. If a public hearing is held, it will be advertised in accordance with 19.10.9.904 NMAC.

Legal# 18855 Published in The Independent September 11 & 13 & 14 & 16 & 17 & 18, 2019.

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cual describe un plan conceptual para la recuperación del permiso número MK009RE y forma la base de actualizar el aseguramiento financiero de RAML. La aplicación está siendo procesada por MMD como Revisión 19-1 al permiso número MK009RE.

Permiso y dirección postal: Rio Algom Mining, LLC, PO Box 218, Grants, NM 87020.

Una copia de la aplicación está disponible para ver dentro del horario comercial normal a:

New Mexico Energy, Minerals, Natural Resource Department
Mining and Minerals Division
1220 South St. Francis Drive
Santa Fe New Mexico 87505

Esta aplicación también se puede ver o descargar del sitio web del New Mexico Energy, Minerals, and Natural Resources Department:

<http://www.emnrd.state.nm.us/MMD/MARP/MK009RE.html>

El nombre y la dirección para entregar comentarios escritos o solicitudes de audiencia pública:

Los comentarios escritos o solicitudes de audiencia pública con respecto a esta aplicación se presentarán a: Fernando Martínez, Director, Mining and Minerals Division, 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. Dentro de 30 días de la fecha de este aviso público, cualquiera persona interesada se puede presentar comentarios escritos a la aplicación propuesta con el director en la dirección anterior y solicitar una audiencia pública. Si se solicita una audiencia oportunamente, el director fijará una audiencia a menos que la solicitud es claramente frívola. El director puede celebrar una audiencia pública sin una solicitud. Si se celebra una audiencia pública, se anunciará de acuerdo con 19.10.9.904 NMAC.

Legal# 18856 Published in The Independent September 11 & 13 & 14 & 16 & 17 & 18, 2019.

LEGAL NOTICE
Grants - Cibola County
New Mexico

Legal Notice
Permit Revision 19-1
Application - Rio Algom Interim
Closure/Closeout Plan

Pursuant to the New Mexico Mining Act Rules, 19.10.5 and 19.10.9.903 A through H, Rio Algom Mining, LLC ("RAML") provides this notice of its application to the New Mexico Energy, Minerals, and Natural Resources Department Mining and Minerals Division ("MMD") for Revision 19-1, an Interim Closure/Closeout Plan for the Old Stope Leach Mine, Permit No. MK009RE. The Permit and application describe reclamation

LEGAL NOTICE
Lukachukai-Chinle County
Arizona

Notice of Request for Proposal
Replacement of Lukachukai
Community School - for Project
Manager -
Design-Build/Construction
Administration/ Inspection/
Commissioning and Lead
Services

NOTICE IS GIVEN THAT Lukachukai Community School is requesting proposals from qualified persons or firms to provide Project Management services for Design-Build/Construction Administration/ Inspection/ Commissioning and Lead Services for the replacement project of Lukachukai Community School in Lukachukai, Arizona. The K-8 Elementary school project is a total of 104,250 gross footage to be constructed at a new site (K-8 Elementary, dormitory, transportation, staff housing). The Project Manager will administer, supervise and oversee the design-build project. The Project Manager must meet the BIE's minimum qualifications and requirements. Proposals will be ranked based on qualifications and responsiveness to the RFP, and contract discussions will commence with the highest-ranked person or firm. Proposals must be received by **September 17, 2019 at 3:00pm (DST) at the Business Office**. To obtain a copy of the RFP, please go to website: www.lukaschool.org

Legal# 18839 Published in The Independent September 3 & 4 & 6 & 7 & 9 & 10 & 11 & 13 & 14, 2019.

LEGAL NOTICE
Thoreau - McKinley County
New Mexico

NOTICE OF PUBLIC MEETING

Notice is hereby given that a meeting Of the Northwest New Mexico Regional Solid Waste Authority will be held at 8:30 a.m. on September 19, 2019 At the Red Rock Regional Landfill in Thoreau, N.M.

For additional information or to request A copy of the agenda, please contact Billy Moore at (505) 905-8400.

The deadline for additions to the agenda is three days prior to the meeting date.

Legal# 18859 Published in The Independent September 13 & 18, 2019.

02. Services

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The Gallup Independent
500 N. 8th Street

Los Angeles T

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SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Ms. Leona Morgan
 725 Tijeras Ave., NW
 Albuquerque, NM 87102



9590 9402 4647 8323 0433 85

2. Article Number (Transfer from service label)

7018 3090 0001 0049 4442

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Leona Morgan*

- Agent
- Addressee

B. Received by (Printed Name)

LEONA MORGAN

C. Date of Delivery

9/19/19

D. Is delivery address different from item 1? If YES, enter delivery address below:

- Yes
- No



3. Service Type

- Adult Signature
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- Insured Mail
- Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
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- Signature Confirmation™
- Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Frances & Juan Rodarte
 PO Box 723
 Penasco NM 87553



9590 9402 4647 8323 0433 09

2. Article Number (Transfer from service label)

7018 3090 0001 0049 4510

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Frances Rodarte*

- Agent
- Addressee

B. Received by (Printed Name)

FRANCES RODARTE

C. Date of Delivery

9/19/19

D. Is delivery address different from item 1? If YES, enter delivery address below:

- Yes
- No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
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- Collect on Delivery Restricted Delivery
- Insured Mail
- Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. William J Radosevich
 760 Juan Thomas
 Edgewood NM 87015



9590 9402 4647 8323 0434 53

2. Article Number (Transfer from service label)

7018 3090 0001 0049 4404

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *William J Radosevich*

- Agent
- Addressee

B. Received by (Printed Name)

WILLIAM J RADOSEVICH

C. Date of Delivery

9/13/19

D. Is delivery address different from item 1? If YES, enter delivery address below:

- Yes
- No



3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) Armando Macias
1. Article Addressed to: Mr. Armando R. Macias Property Owner in Fierro, NM 5270 Plumstead Dr. Colorado Springs, CO 80920	C. Date of Delivery 9/11/12	
2. Article Number (Transfer from service label) 7018 3090 0001 0049 4435	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) Donnie Head
1. Article Addressed to: Mr. Art Gebeau President P.O. Box 2038 Milan, NM 87021	C. Date of Delivery 9/12/19	
2. Article Number (Transfer from service label) 7018 3090 0001 0049 4657	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
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PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Signature <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	B. Received by (Printed Name) Ms. Bertha Chavez
1. Article Addressed to: Ms. Bertha Chavez 1504 Estancia Grants NM 87020	C. Date of Delivery 9/12/19	
2. Article Number (Transfer from service label) 7018 3090 0001 0049 4480	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt		



SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Sharon M. Roberts</i>	
	B. Received by (Printed Name) _____	C. Date of Delivery 9-9-19
1. Article Addressed to: Mr. Bill Auby Mining Law Program Lead 301 Dinosaur Trail Santa Fe, NM 87508	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7018 3090 0001 0049 5968	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery	
	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Erica Mader</i>	
	B. Received by (Printed Name) Erica Mader	C. Date of Delivery 9/11/19
1. Article Addressed to: Ms. Cynthia Gulde Manager, Environmental Affairs P.O. Box 469 Questa, NM 87556	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) 7018 3090 0001 0049 4626	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery	
	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee <i>Suzannah Hill</i>	
	B. Received by (Printed Name) S. Trujillo	C. Date of Delivery 9/10/19
1. Article Addressed to: Dr. Ghassan Musharrafi Hydrology Bureau Chief P.O. Box 25102 Santa Fe, NM 87504-5102	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7018 3090 0001 0049 4695	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery	
	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt		

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Tim Sinter</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
1. Article Addressed to: Dr. Matthew Wunder Chief, Conservation Svcs. Div. P.O. Box 25112 Santa Fe, NM 87504	<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery</p>
2. Article Number (Transfer from service label) 7018 3090 0001 0049 4633	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Harry F. IFC</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
1. Article Addressed to: Fernandez Co. Ltd. 5000 San-Mateo Rd San Mateo NM 87020	<p>B. Received by (Printed Name) <i>Harry F. IFC</i></p> <p>C. Date of Delivery 9-12-19</p>
2. Article Number (Transfer from service label) 7018 3090 0001 0049 4367	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

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<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Tim L. Schmitt</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
1. Article Addressed to: Theodore K. & Doris J. Schmitt Trustees C/o Diane Schmitt 4080 San Mateo Rd San Mateo NM 87020	<p>B. Received by (Printed Name) <i>Tim L. Schmitt</i></p> <p>C. Date of Delivery 9/16/19</p>
2. Article Number (Transfer from service label) 7018 3090 0001 0049 4497	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>3. Service Type</p> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressed	
	B. Received by (Printed Name) PAUL MARTINEZ	C. Date of Delivery 9/18/19
1. Article Addressed to: Mr. Paul Martinez P. O. Box 2034 Los Lunas, NM 87031	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
2. Article Number (Transfer from service label) 7018 3090 0001 0049 4428	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressed	
	B. Received by (Printed Name) Francesa Gillveth	C. Date of Delivery 9/16/19
1. Article Addressed to: United Nuclear PO Box 1088 Gallup NM 87305	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
2. Article Number (Transfer from service label) 7018 3090 0001 0049 4336	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature  <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressed	
	B. Received by (Printed Name) Tameme J. Blackmon	C. Date of Delivery 9-9-19
1. Article Addressed to: Tameme Joan Blackmon, Trustee 1790 Brenda Rd SE Rio Rancho NM 87124	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No 1790 BRENDA RD	
2. Article Number (Transfer from service label) 7018 3090 0001 0049 4527	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>M. Moniz</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) MANUEL MONIZ	C. Date of Delivery
1. Article Addressed to: Mr. Anthony Dimas PO Box 70 Gallup NM 87305	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
	2. Article Number (Transfer from service label) 7018 3090 0001 0049 4466	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>K. Vollbrecht</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) Kurt Vollbrecht	C. Date of Delivery
1. Article Addressed to: Mr. Kurt Vollbrecht Program Manager P.O. Box 5469 Santa Fe, NM 87502	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
	2. Article Number (Transfer from service label) 7018 3090 0001 0049 4541	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature <input checked="" type="checkbox"/> <i>Roxie Elkins</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) Roxie Elkins	C. Date of Delivery SEP 09 2019
1. Article Addressed to: Mr. Roy Mark Elkins PO Box 1854 Grants NM 87020	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Restricted Delivery (over \$500)	<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	
	2. Article Number (Transfer from service label) 7018 3090 0001 0049 0123	
PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt		

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Dr. Richard Reycraft
 Archeologist
 407 Galisteo Street, Suite 236
 Santa Fe, NM 87501



9590 9402 4647 8323 0431 18

2. Article Number (Transfer from service label)
 7018 3090 0001 0049 2929

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 9/9/19

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

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. Randy Logsdon
 State Mine Inspector
 801 Leroy Place
 Socorro, NM 87801



9590 9402 4647 8323 0431 01

2. Article Number (Transfer from service label)
 7018 3090 0001 0049 4664

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[Signature] Agent Addressee

B. Received by (Printed Name) C. Date of Delivery
 Amanda Scarborough 9-6-19

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

[USPS Stamp: SEP-6 2019]

3. Service Type
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. Joel Lusk
 Biologist
 2105 Osuna NE
 Albuquerque, NM 87113



9590 9402 4647 8323 0588 15

2. Article Number (Transfer from service label)
 7018 3090 0001 0049 4701

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
[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
- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input checked="" type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Paul Robinson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
1. Article Addressed to:	<p>B. Received by (Printed Name) <i>Paul Robinson</i> C. Date of Delivery <i>9/6/19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>Mr. Paul Robinson Research Director P.O. Box 4524 Albuquerque, NM 87196</p>  <p>9590 9402 4647 8323 0432 48</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
2. Article Number (Transfer from service label)	
<i>7018 3090 0001 0049 4589</i>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Anna Cruz Raudschob</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
1. Article Addressed to:	<p>B. Received by (Printed Name) <i>ANNA CRUZ LAND SCHOOL</i> C. Date of Delivery <i>09-09-19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>David Pierce, Manager Homestake Mining Company PO Box 98 Grants NM 87020</p>  <p>9590 9402 5184 9122 6428 19</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
2. Article Number (Transfer from service label)	
<i>7018 3090 0001 0049 4329</i>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>A. Williamson</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p>
1. Article Addressed to:	<p>B. Received by (Printed Name) <i>A. Williamson</i> C. Date of Delivery <i>9/6/19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>Mr. Stephen D. Ingram Attorney at Law 40 First Plaza, Suite 610 Albuquerque, NM 87102</p>  <p>9590 9402 4647 8323 0432 00</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™</p> <p><input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p>
2. Article Number (Transfer from service label)	
<i>7018 3090 0001 0049 4640</i>	
PS Form 3811, July 2015 PSN 7530-02-000-9053	Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery Kristina Mornique 9-6-19</p>
<p>1. Article Addressed to:</p> <p>Ms. Elizabeth German Attorney at Law 11728 Linn Ave, NE Albuquerque, NM 87123</p>  <p>9590 9402 4647 8323 0430 95</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>7018 3090 0001 0049 4671</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (0)</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery ROBERT SANDOVAL 9-7-19</p>
<p>1. Article Addressed to:</p> <p>Mr. Robert Sandoval PO Box 3615 Milan NM 87021</p>  <p>9590 9402 5184 9122 6427 41</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>7018 3090 0001 0049 4770</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (0)</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p>Ms. Diane Tafoya WO Regional Liaison 2113 Osuna Road, NE Albuquerque, NM 87113</p>  <p>9590 9402 5184 9122 6425 12</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p> <p>7018 3090 0001 0049 4688</p>	<p>3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Insured Mail Restricted Delivery (0)</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. Martin Hicks
600 W. Santa Fe Ave
Grants NM 87020



9590 9402 4647 8323 0433 54

2. Article Number (Transfer from service label)

7018 3090 0001 0049 4473

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
- Addressee

B. Received by (Printed Name)

Harley Gutierrez

C. Date of Delivery

9-6-19

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. Charlie M Sandoval
PO Box 622
Grants NM 87020



9590 9402 4647 8323 0434 84

2. Article Number (Transfer from service label)

7018 3090 0001 0049 4381

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
- Addressee

B. Received by (Printed Name)

Charlie M Sandoval

C. Date of Delivery

9-6-19

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. Glen P Sandoval
PO Box 622
Grants NM 87020



9590 9402 4647 8323 0433 16

2. Article Number (Transfer from service label)

7018 3090 0001 0049 4503

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
- Addressee

B. Received by (Printed Name)

Glen P Sandoval

C. Date of Delivery

9-6-19

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Mail Restricted Delivery (over \$500)
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Arturo S Candelaria</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Arturo S Candelaria</i> C. Date of Delivery <i>9-6-19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Ms. Mary Lou Candelaria 90033 San Mateo Rd San Mateo NM 87020</p> <p>9590 9402 4647 8323 0434 75</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7018 3090 0001 0049 4800</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Arturo S Candelaria</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Arturo S Candelaria</i> C. Date of Delivery <i>9-6-19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Mr. Arturo Candelaria 90033 San Mateo Rd San Mateo NM 87020</p> <p>9590 9402 4647 8323 0434 75</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7018 3090 0001 0049 0062</p>	
<p>PS Form 3811, July 2015 PSN 7530-U2-UUU-UUU Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>Morgan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Morgan</i> C. Date of Delivery <i>9/6/19</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p>1. Article Addressed to:</p> <p>Ms. Kate Fletcher 700 East Roosevelt, STE 50 Grants NM 87020</p> <p>9590 9402 4647 8323 0433 47</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Mail Restricted Delivery (over \$500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7018 3090 0001 0049 4534</p>	
<p>PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt</p>	

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. Erich Bower
General Manager
P.O. Box 571
Tyrone, NM 88065



2. Article Number (Transfer from service label)
7018 3090 0001 0049 5920

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent
 Addressee

B. Received by (Printed Name) *D Gomez* C. Date of Delivery *9/7/19*

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restrict Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery	

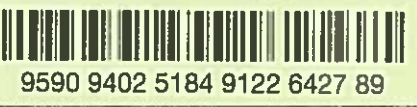
Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Margaret Marquez
C/O Amanda Vigil
1317 Questa Court SW
Albuquerque NM 87121



2. Article Number (Transfer from service label)
7018 3090 0001 0049 2936

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent
 Addressee

B. Received by (Printed Name) *Amanda Vigil* C. Date of Delivery *9/7/19*

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

SEP - 7 2019
USPS FIVE POINTS STATION

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restrict Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery	

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. Terence Foreback
801 Leroy Place
Socorro, NM 87801



2. Article Number (Transfer from service label)
7018 3090 0001 0049 4459

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
X *[Signature]* Agent
 Addressee

B. Received by (Printed Name) *Amanda Scarborough* C. Date of Delivery *9.6.19*

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

SEP - 6 2019
SOCORRO NM 87801

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restrict Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery
<input type="checkbox"/> Insured Mail	
<input type="checkbox"/> Mail Restricted Delivery	

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

The Archaeological Conservancy
 1717 Girard Blvd NE
 Albuquerque NM 87106



9590 9402 5184 9122 6428 71

2. Article Number (Transfer from service label)

7018 3090 0001 0049 4763

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *[Signature]* Agent
 Addressee
- B. Received by (Printed Name)
 Kyle Crandall
- C. Date of Delivery
 9/6/19
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Ms. Juli Slivka
 District Contact
 1660 Wynkoop Street, Suite 850
 Denver, CO 80202



9590 9402 4647 8323 0432 24

2. Article Number (Transfer from service label)

7018 3090 0001 0049 4602

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

- A. Signature
 X *[Signature]* Agent
 Addressee
- B. Received by (Printed Name)
Barbara Youne
- C. Date of Delivery
9-9-19
- D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

SEP 11 2019

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. Rudy Marquez
 1604 Zenalona NE
 Albuquerque NM 87112



9590 9402 5184 9122 6427 65

2. Article Number (Transfer from service label)

7018 3090 0001 0049 4794

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

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

3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. Phillip R Sandoval
 PO Box 4070
 Grants NM 87020



9590 9402 4647 8323 0434 46

2. Article Number (Transfer from service label)

7018 3090 0001 0049 4411

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Phillip R Sandoval*

- Agent
- Addressee

B. Received by (Printed Name)

Phillip R Sandoval

C. Date of Delivery

9-11-19

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No



3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Ms. Stephanie Garcia Richard
 Commissioner
 P.O. Box 1148
 Santa Fe, NM 87504



9590 9402 4647 8323 0432 62

2. Article Number (Transfer from service label)

7018 3090 0001 0049 4565

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *SG*

- 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

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. Brad Latham
 PO Box 2261
 Milan NM 87021



9590 9402 5184 9122 6427 96

2. Article Number (Transfer from service label)

7018 3090 0001 0049 4343

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Brad Latham*

- Agent
- Addressee

B. Received by (Printed Name)

Brad Latham

C. Date of Delivery

9/9/19

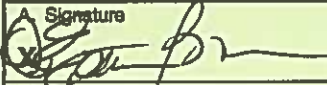

D. Is delivery address different from item 1? Yes

If YES, enter delivery address below: No

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Insured Mail Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) Denise Baca	C. Date of Delivery 9/19/19
1. Article Addressed to: Ms. Denise Baca, Clerk Village of Milan 623 Uranium Ave. Grants NM 87021	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 5184 9122 6428 88	3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery	
2. Article Number (Transfer from service label) 7018 3090 0001 0049 4732		
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) KERRY PENNINGTON	C. Date of Delivery 8-29-19
1. Article Addressed to: Mr. Nathan Newcomer Associate Director P.O. Box 25464 Albuquerque, NM 87125	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 4647 8323 0432 79	3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery	
2. Article Number (Transfer from service label) 7018 3090 0001 0049 4558		
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature  <input type="checkbox"/> Agent <input type="checkbox"/> Addressee	
	B. Received by (Printed Name) Nathan Ennis	C. Date of Delivery 9/19/19
1. Article Addressed to: Mr. DJ Ennis, MMD 1220 S St. Francis Drive Santa Fe NM 87505	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No	
 9590 9402 5184 9122 6428 33	3. Service Type <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Signature Confirmation Restricted Delivery	
2. Article Number (Transfer from service label) 7018 3090 0001 0049 4824		
PS Form 3811, July 2015 PSN 7530-02-000-9053		Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Ms. Laura McCarthy
State Forester
1220 S. St. Francis Drive
Santa Fe, NM 87505



2. Article Number (Transfer from service label)

7018 3090 0001 0049 5944

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Matthew Lopez* Agent
 Addressee

B. Received by (Printed Name) **Matthew Lopez** C. Date of Delivery **9/9/18**

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



3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. Jack Yates
Minerals Manager
P.O. Box 1148
Santa Fe, NM 87504



2. Article Number (Transfer from service label)

7018 3090 0001 0049 4572

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *JK* 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
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Ms. Lynn Trujillo
Cabinet Secretary
1220 S. St. Francis Drive
Santa Fe, NM 87505-0115



2. Article Number (Transfer from service label)

7018 3090 0001 0049 5951

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Matthew Lopez* Agent
 Addressee

B. Received by (Printed Name) **Matthew Lopez** C. Date of Delivery **9/9/18**

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




3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Tamara Thom</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>TAMARA THOM</i></p> <p>C. Date of Delivery</p>														
<p>1. Article Addressed to:</p> <p>Mr. Doug Meiklejohn Executive Director 1405 Luisa St., Ste. 5 Santa Fe, NM 87505-0115</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>														
 9590 9402 4647 8323 0587 92	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> All Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> All Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> All Restricted Delivery															
<p>2. Article Number (Transfer from service label)</p> <p>7018 3090 0001 0049 4725</p>															

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Jose A. Zupan</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>JOSEPH A. ZUPAN</i></p> <p>C. Date of Delivery</p>														
<p>1. Article Addressed to:</p> <p>Mr. Brian Shields Executive Director P.O. Box 238 Taos, NM 87571</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> 														
 9590 9402 4647 8323 0432 31	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> All Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> All Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> All Restricted Delivery															
<p>2. Article Number (Transfer from service label)</p> <p>7018 3090 0001 0049 4596</p>															

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY														
<ul style="list-style-type: none"> Complete Items 1, 2, and 3. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input checked="" type="checkbox"/> <i>Walter L. Meech</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Walter L. Meech</i></p> <p>C. Date of Delivery <i>9/9/19</i></p>														
<p>1. Article Addressed to:</p> <p>Mr. Walter L. Meech President P.O. Box 2547 Milan, NM 87021</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p>														
 9590 9402 4647 8323 0588 08	<p>3. Service Type</p> <table border="0"> <tr> <td><input type="checkbox"/> Adult Signature</td> <td><input type="checkbox"/> Priority Mail Express®</td> </tr> <tr> <td><input type="checkbox"/> Adult Signature Restricted Delivery</td> <td><input type="checkbox"/> Registered Mail™</td> </tr> <tr> <td><input checked="" type="checkbox"/> Certified Mail®</td> <td><input type="checkbox"/> Registered Mail Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> Certified Mail Restricted Delivery</td> <td><input type="checkbox"/> Return Receipt for Merchandise</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery</td> <td><input type="checkbox"/> Signature Confirmation™</td> </tr> <tr> <td><input type="checkbox"/> Collect on Delivery Restricted Delivery</td> <td><input type="checkbox"/> Signature Confirmation Restricted Delivery</td> </tr> <tr> <td><input type="checkbox"/> All Restricted Delivery</td> <td></td> </tr> </table>	<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®	<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™	<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery	<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise	<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™	<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery	<input type="checkbox"/> All Restricted Delivery	
<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®														
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™														
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery														
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise														
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™														
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery														
<input type="checkbox"/> All Restricted Delivery															
<p>2. Article Number (Transfer from service label)</p> <p>7018 3090 0001 0049 4718</p>															

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

**Ms. Allyson Siwik
Executive Director
305A N. Cooper
Silver City, NM 88061**



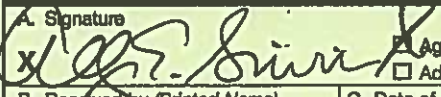
9590 9402 4647 8323 0431 94

2. Article Number (Transfer from service label)

7018 3090 0001 0049 4619

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name) **Allyson E. Siwik** C. Date of Delivery **09/13/19**

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. John Cornell
Campaign Coordinator
6100 Seagull St. N.E. #105
Albuquerque, NM 87109**



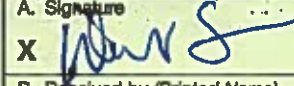
9590 9402 4647 8323 0431 49

2. Article Number (Transfer from service label)

7018 3090 0001 0049 5937

PS Form 3811, July 2015 PSN 7530-02-000-9053

COMPLETE THIS SECTION ON DELIVERY

A. Signature  Agent
 Addressee

B. Received by (Printed Name) **Wendy Sanchez** C. Date of Delivery **9/26/19**

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

3. Service Type

<input type="checkbox"/> Adult Signature	<input type="checkbox"/> Priority Mail Express®
<input type="checkbox"/> Adult Signature Restricted Delivery	<input type="checkbox"/> Registered Mail™
<input checked="" type="checkbox"/> Certified Mail®	<input type="checkbox"/> Registered Mail Restricted Delivery
<input type="checkbox"/> Certified Mail Restricted Delivery	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Collect on Delivery	<input type="checkbox"/> Signature Confirmation™
<input type="checkbox"/> Collect on Delivery Restricted Delivery	<input type="checkbox"/> Signature Confirmation Restricted Delivery

AML
Box 218
Grants NM 87020



7018 3090 0001 0049 4398

U.S. POSTAGE PAID
 ECU LG ENV
 GRANTS, NM
 87020
 SEP 05 19
 AMOUNT
\$7.30
 R2304W119388-07

1000 87020

RETURN RECEIPT
REQUESTED

Mr. Gerald Schmitt
 SCHM080 T870202015-1519 09/12/19
 RETURN TO SENDER
 :SCHMITT RANCHES
 TEMPORARILY AWAY
 RETURN TO SENDER

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. Gerald Schmitt
 4080 San Mateo Rd
 Grants NM 87020

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent

Received by (Return Name) Addressee

B. Received by (Return Name) Date of Delivery

C. Date of Delivery

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

NY 6102 035 01 192
 3084111111

3. Service Type

Adult Signature
 Adult Signature Restricted Delivery
 Certified Mail®
 Certified Mail Restricted Delivery
 Priority Mail Express®
 Registered Mail™
 Registered Mail Restricted Delivery
 Return Receipt for Merchandise

9590 9402 4647 8323 0434 60

218
NM 87020

CERTIFIED MAIL



7018 3090 0001 0049 481

RETURN RECEIPT
REQUESTED



1000



87020

U.S. POSTAGE PAID
PGM 159 ENV
GHANTS, NM
87020
SEP 05 19
AMOUNT
\$7.30
R2304W119388-07

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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. Tim Schmitt
4080 San Mateo Rd.
San Mateo NM 87020



9590 9402 5184 9122 6428 64

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

X

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
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Contact on Delivery
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™

SCHM080 T870202015-1519
 RETURN TO SENDER
 SCHMITT, TIM L
 TEMPORARILY AWAY
 RETURN TO SENDER
 09/12/19

Mr. Tim Schmitt

218
NM 87020

GENERAL MAIL



7018 3090 0001 0049 4756

RETURN RECEIPT
REQUESTED



1000



87020

U.S. POSTAGE PAID
FOR THE
GRANTS, NM
SEP 05 19
AMOUNT

\$7.30

R2304W119388-07

Ms. Roberta A Marquez

KAR0064 870202015-1119 09/12/19
RETURN TO SENDER
MARQUEZ, ROBERTA A
7201 PROSPECT PL NE APT 405
ALBUQUERQUE NM 87110-4250

RETURN TO SENDER



SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Ms. Roberta A Marquez
4064 San Mateo Rd
Grants NM 87020

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) 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: No

6102 035 13 198

ROBERTA A MARQUEZ

- Service Type:
 - Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail
 - Certified Mail Restricted Delivery
 - Priority Mail Express
 - Registered Mail
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise

0500 0400 51R4 9122 6427 34

218
NM 87020

7018 3090 0001 0049 4459



RECEIVED SEP - 0 2019

*Please sender here
Return to
no longer works*

*Mr. Terence Foreback
801 Leroy Place
Socorro, NM 87801*

UNITED STATES POSTAL SERVICE®
1000
87801
U.S. POSTAGE PAID
FORM 13 ENR
GRANTS, NM
87020
SEP 05, 19
AMOUNT
\$7.30
R2304W119388-07

NIXIE 851 DE 1 0009/11/19
RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BOE Coordinator

Jaclyn Billy

BOE Technician

CIBOLA

COUNTY

CLERK'S OFFICE

Cibola County Clerk

Michelle E. Dominguez

Chief Deputy Clerk

Natalie Grine



OFFICIAL NOTICE

New Mexico Board of Professional Engineers & Professional Surveyors

- Mr. Patricia Guerrerortiz, PE Board Chair
Mr. Gilbert Chavez, PS Board Vice-Chair
Mr. Charles Atwell Board Secretary / PSC Chair
Mr. Subhas Shah, PE PEC Chair
Dr. Rola Idross, PE Board Member
Mr. John T. Romero, Sr., PE Board Member
Mr. Fred Sanchez, PS Board Member
Mr. Stevan J. Schoen, Esq. Board Member (Public Member)
Mr. Severiano Sineros, III, PE Board Member
Mr. Salvador I. Vigil, PS Board Member
Mrs. Elena Garcia Executive Director

NOTICE IS HEREBY GIVEN

Joseph R. (Bob) NMPS # 9...

IS NO LONGER LICENSED SURVEYING IN THE STATE

EFFECTIVE APRIL 21, 2007 THIS LICENSE IS SUSPENDED UNTIL AFTER

FOR MORE INFORMATION VISIT OUR WEBSITE

STATE OF NEW MEXICO BOARD OF PROFESSIONAL ENGINEERS & PROFESSIONAL SURVEYORS

Aviso Legal

Solicitud de Revisión de Permiso 19-1 - Plan de Cierre Provisional/Cierre de Rio Algom
De conformidad con lo dispuesto en 19.10.5 y 19.10.9.903 de secciones A a H del New Mexico Mining Act Rules, Rio Algom Mining, LLC ("RAML") proporciona este aviso de su solicitud al New Mexico Energy, Minerals, and Natural Resources Department Mining and Minerals Division ("MMD") de revisión de permiso 19-1, un plan de cierre provisional para el Old Stope Leach Mine, número de permiso MK009RE. El permiso y la aplicación describen disposiciones y normas de recuperación propuesto al New Mexico Mining Act y Mining Act Rules.

La ubicación de la propiedad inmobiliaria afectada. El área del proyecto del Old Stope Leach Mine se encuentra dentro de la Ambrosia Lake Valley, aproximadamente 25 millas al norte de Grants, New Mexico. El área del proyecto se encuentra en T14N, R9W secciones 20, 33, y 35 y porciones de secciones 17, 29, 30, 32, y 34; T13N, R9W secciones 1, 2, 3, 11; y T14N, R10W sección 24 y porciones de secciones 22 y 26.

El propósito de la aplicación. El propósito de la aplicación es proporcionar una base para actualizar el aseguramiento financiero de RAML con el estado de New Mexico. La aplicación es un plan de cierre provisional, el cual describe un plan conceptual para la recuperación del permiso número MK009RE y forma la base de actualizar el aseguramiento financiero de RAML. La aplicación está siendo procesada por MMD como Revisión 19-1 al permiso número MK009RE.

Permiso y dirección postal. Rio Algom Mining, LLC, PO Box 218, Grants, NM 87020.

Una copia de la aplicación está disponible para ver dentro del horario comercial normal a:

New Mexico Energy, Minerals, Natural Resource Department
Mining and Minerals Division
1220 South St. Francis Drive
Santa Fe New Mexico 87505

Esta aplicación también se puede ver o descargar del sitio web del New Mexico Energy, Minerals, and Natural Resources Department:

http://www.enmr.state.nm.us/MMD/MARPMK009RE.html

El nombre y la dirección para entregar comentarios escritos o solicitudes de audiencia pública.

Los comentarios escritos o solicitudes de audiencia pública con respecto a esta aplicación se presentarán a Fernando Martinez, Director, Mining and Minerals Division, 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. Dentro de 30 días de la fecha de este aviso público, cualquiera persona interesada se puede presentar comentarios escritos a la aplicación propuesta con el director en la dirección anterior y solicitar una audiencia pública. Si se solicita una audiencia oportunamente, el director fijará una audiencia a menos que la solicitud es claramente frívola. El director puede celebrar una audiencia pública sin una solicitud. Si se celebra una audiencia pública, se anunciará de acuerdo con 19.10.9.904 NMAC.

LA OFICINA DE LA SECRETARIA DE ESTADO DE NUEVO MEXICO

Proclamación

Según el Acto de las Elecciones Local Regular, NMSA 19-1, enmendada hasta el año 2019, Yo, Maggie Toulouse Oliver, en virtud de la autoridad otorgada por mí, por la presente proclamo que...

Una elección local regular es, y se llevará a cabo en el sitio del precinto del mismo el 5 de noviembre de 2019; y

Una elección local regular será una elección no partidista, y en las balotas sin designación de partido o nómina (agrupación)

Dónde se aplicará, municipalidades que han optado elegir su regular se llevarán a cabo una elección de desempate según elección de desempate entre los dos candidatos con mayor número de clasificación; y

La elección local regular se llevará a cabo para elegir a personal de gobierno local y, donde aplicable, a los siguientes cargos

GOBIERNO LOCAL

CONDADO DE CIBOLA

DISTRITO ESCOLAR INDEPENDIENTE NUM. 2 DE QUEMADO - CUATRO MIEMBROS DE LA JUNTA ESCOLAR (Carron y Cibola)
Miembro de la Junta, Posición 1
Miembro de la Junta, Posición 2
Miembro de la Junta, Posición 3
Miembro de la Junta, Posición 5

DISTRITO ESCOLAR NUM. 1 DE LOS CONDADOS GRANTS, CIBOLA - DOS MIEMBROS DE LA JUNTA ESCOLAR
Miembro de la Junta, Posición 4
Miembro de la Junta, Posición 5
Pregunta de enlace

Legal Notice

Permit Revision 19-1 Application - Rio Algom Interim Closure/Closeout Plan

Pursuant to the New Mexico Mining Act Rules, 19.10.5 and 19.10.9.903 A through H, Rio Algom Mining, LLC ("RAML") provides this notice of its application to the New Mexico Energy, Minerals, and Natural Resources Department Mining and Minerals Division ("MMD") for Revision 19-1, an Interim Closure/Closeout Plan for the Old Stope Leach Mine, Permit No. MK009RE. The Permit and application describe reclamation provisions and standards subject to the New Mexico Mining Act and Mining Act Rules.

Location of real property affected: The Old Stope Leach Mine project area is located within Ambrosia Lake Valley, approximately 25 miles north of Grants, New Mexico. The project area is located in T14N, R9W Sections 20, 33, and 35, and portions of Sections 17, 29, 30, 32, and 34; T13N, R9W Sections 1, 2, 3, 11; and T14N, R10W Section 24 and portions of Sections 22 and 26.

Purpose of the Application: The purpose of the application is to provide a basis for updating RAML's financial assurance with the State of New Mexico. The application is an Interim Closure/Closeout Plan, which outlines a conceptual plan for the reclamation of Permit No. MK009RE and forms the basis for updating RAML's financial assurance. The application is being processed by MMD as Revision 19-1 to Permit No. MK009RE.

Permittee and mailing address: Rio Algom Mining, LLC, PO Box 218, Grants, NM 87020.

A copy of the application is available for viewing during normal business hours at:

New Mexico Energy, Minerals, Natural Resource Department
Mining and Minerals Division
1220 South St. Francis Drive
Santa Fe New Mexico 87505

This application can also be viewed at or downloaded from New Mexico Energy, Minerals, and Natural Resources Department website:

http://www.enmr.state.nm.us/MMD/MARPMK009RE.html

Name and address to submit written comments or requests for Public Hearing:

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CIBOLA COUNTY RECORDING AND FILING FEES

EFFECTIVE JULY 1, 2011

Table with 2 columns: Fee Description and Amount. Includes items like FIRST TEN INDEX/ENTRIES MAILED IN, MARRIAGE LICENSE, UCC-1 INITIAL FINANCING STATEMENT, etc.

CIBOLA COUNTY FREE LEGAL CLINICS

2019

10:00 a.m. to 2:00 p.m.

Calendar table showing dates for legal clinics: JAN 15, FEB 19, MAR 19, APR 16, MAY 21, JUNE 18, JULY 16, AUG 20, SEPT 17, OCT 15, NOV 19, DEC 17.

WHAT: Free Legal Consultation
HOW: First-come, First Served
WHERE: District Court Hearing Room
WHO: Volunteer & Court Staff
WHY: For help with legal issues

www.thirteendistrictcourt.nm.gov

LOCAL GOVERNMENT

CIBOLA COUNTY

QUEMADO INDEPENDENT SCHOOL DISTRICT NO. 2 - FOUR SCHOOL BOARD MEMBERS

(Carron & Cibola)
Position 1 School Board
Position 2 School Board
Position 3 School Board
Position 5 School Board

TO FILL UNEXPIRED FOUR-YEAR TERM

FOUR-YEAR TERM
FOUR-YEAR TERM
FOUR-YEAR TERM

CIBOLA COUNTY SCHOOL BOARD

FOUR-YEAR TERM

By The Full Moon

Witness the full moon rising above the monument! El Morro National Monument will be open late on these dates. Visitors wishing to hike the Headland Trail must arrive at least 2 hours prior to closure.

2019 Full Moon Hours:

- June 16 → open until 9:30 p.m.
- July 16 → open until 9:30 p.m.
- August 15 → open until 9:00 p.m.
- September 14 → open until 8:30 p.m.

These events are outdoors— be prepared with warm layers, water, and flashlights. The 2-mile Headland Trail involves a strenuous 250 ft elevation gain and uneven surfaces. Call the El Morro NM Visitor Center at 505-783-4226 (x 801) for more information or visit www.facebook.com/elmorro.nps for current updates.

Legal Notice Permit Revision 19-1 Application – Rio Algom Interim Closure/Closeout Plan

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REGISTRATION

KINDERGARTEN 1st/2nd 3rd/4th 5th/6th 7th/8th ALL GIRLS



EARLY REGISTRATION

\$20 September 3 - October 4, 2019

LATE REGISTRATION

\$30 October 7 - October 30, 2019

Register @ Grants Recreation (551 Washington) Inside FFFC

OR Milan Recreation Gym (405-C Airport Rd.) Behind Swimming Pool

FOR MORE INFORMATION CONTACT GRANTS RECREATION @ 285-3542 X 119

OR MILAN RECREATION @ 285-1169

OFFICE HOURS: 8AM - 4:30PM

Are weeds taking over your yard?
you just need an extra hand with
those honey-do's?
Call Joaquin and Tyler at 505-295-5682

Aviso Legal Solicitud de Revisión de Permiso 19-1 – Plan de Cierre Provisional/Cierre de Rio Algom

De conformidad con lo dispuesto en 19.10.5 y 19.10.9.903 de secciones A a H del New Mexico Mining Act Rules, Rio Algom Mining, LLC ("RAML") proporciona este aviso de su solicitud al New Mexico Energy, Minerals, and Natural Resources Department Mining and Minerals Division ("MMD") de revisión de permiso 19-1, un plan de cierre provisional para el Old Stope Leach Mine, numero de permiso MK009RE. El permiso y la aplicación describen disposiciones y normas de recuperación propenso al New Mexico Mining Act y Mining Act Rules.

La ubicación de la propiedad inmobiliaria afectada: El área del proyecto del Old Stope Leach Mine se encuentra dentro de la Ambrosia Lake Valley, aproximadamente 25 millas al norte de Grants, New Mexico. El área del proyecto se encuentra en T14N, R9W secciones 20, 33, y 35 y porciones de secciones 17, 29, 30, 32, y 34; T13N, R9W secciones 1, 2, 3, 11; y T14N, R10W sección 24 y porciones de secciones 22 y 26.

El propósito de la aplicación: El propósito de la aplicación es proporcionar una base para actualizar el aseguramiento financiero de RAML con el estado de New Mexico. La aplicación es un plan de cierre provisional, el cual describe un plan conceptual para la recuperación del permiso numero MK009RE y forma la base de actualizar el aseguramiento financiero de RAML. La aplicación está siendo procesada por MMD como Revision 19-1 al permiso numero MK009RE.

Permiso y dirección postal: Rio Algom Mining, LLC, PO Box 218, Grants, NM 87020.

Una copia de la aplicación está disponible para ver dentro del horario comercial normal a:

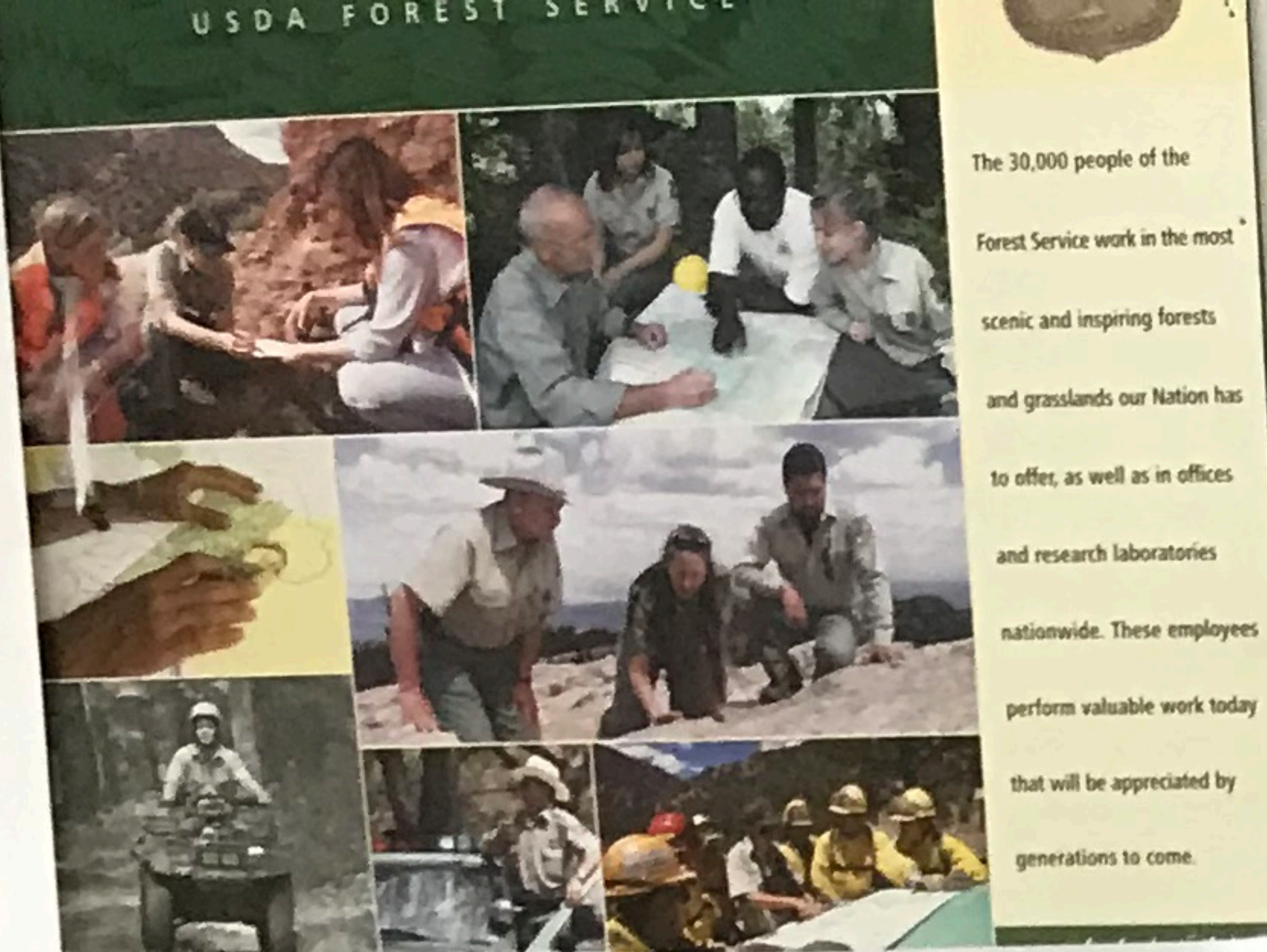
New Mexico Energy, Minerals, Natural Resource Department
Mining and Minerals Division
1220 South St. Francis Drive
Santa Fe New Mexico 87505

Esta aplicación también se puede ver o descargar del sitio web del New Mexico Energy, Minerals, and Natural Resources Department:

<http://www.emnrd.state.nm.us/MMD/MARP/MK009RE.html>

El nombre y la dirección para entregar comentarios escritos o solicitudes de audiencia pública:

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The 30,000 people of the Forest Service work in the most scenic and inspiring forests and grasslands our Nation has to offer, as well as in offices and research laboratories nationwide. These employees perform valuable work today that will be appreciated by generations to come.

Discover the world of bats that call El Malpais home. A one hour, 1.5 mile guided hike to the bat cave followed by an evening bat out flight. Visitors should bring weather appropriate clothing and a flashlight. Adverse weather may cancel this activity.

Questions? Contact the El Malpais Visitor Center,

If alternative hours are needed, please call 505-287-6691 to make arrangements.

El Morro National Monument

Summer Constellation Event

Join El Morro National Monument to stargaze under the cosmos

Star Parties:

- June 29: 9pm - 11pm
- July 27: 9pm - 11pm
- August 31: 8pm - 10pm
- September 27: 7:30pm - 9:30pm

Star parties include a 30-45 minute ranger program followed by a constellation tour and telescope viewing. Hiking park trails is not permitted during these events.

These events are outdoors— be prepared with warm layers and a red flashlight. Adverse weather conditions may cancel the event. Call the El Morro National Monument Visitor Center at 505-783-4226 (x 801) for more information or visit www.facebook.com/elmorro.nps.

Our Annual Public Safety Day

SEPTEMBER 21st 9am - 1pm

Mirabal Park in Milan

next to Milan Elementary

No Fee for Public Safety Entrance

Kids Football Games... Guest Speakers Bobby Dilley and Peterson Long... Crimestoppers... DWI Awareness... Animal Shelter... Cheer/Dance... JROTC... GHS Youth Coalition... Substance Abuse Prevention... Wells Fargo... Local Gyms... Veteran Services... Park Rangers... Elks Lodge... Roberta's Place... Cibola Workforce Center... Live Music by Time Well Wasted... and many more!

Concession Stand

Hosted by:
Western NM Correctional Facility and
The 4 Kids Athletics
Youth Football and Cheer

WE ALL HAVE YOUR SIX

- CORRECTIONS
- DISPATCH
- FIRE
- EMERGENCY MEDICAL SERVICES
- LAW ENFORCEMENT
- MILITARY

UNITED FAMILY

Football Game Entrance:
Adults \$2.00
Children \$1.00
3 and under FREE
Funds raised will go to JROTC

El Morro National Monument

Evenings at El Morro

Join El Morro National Monument this summer to have a unique after hours experience in the monument!

Full Moon Hours:

- June 16 open until 9:30pm
- July 16 open until 9:30pm
- August 15 open until 9:00pm
- September 14 open until 8:30pm

Star Parties:

- June 29: 9pm - 11pm
- July 27: 9pm - 11pm
- August 31: 8pm - 10pm
- September 27: 7:30pm - 9:30pm

El Morro National Monument is open late on these dates for visitors to enjoy a moonlit hike in the monument. Arrive 2 hours prior to closure to allow enough time to hike the Headland Trail.

Star parties include a ranger program followed by a constellation tour and telescope viewing. Hiking park trails is not permitted during these events.

These events are outdoors— be prepared with warm layers and flashlights. Adverse weather conditions may cancel portions of these events. Call the El Morro National Monument Visitor Center at 505-783-4226 (x 801) to learn more information or visit www.facebook.com/elmorro.nps for updated information.

El Morro National Monument

By The Full Moon

Witness the full moon rising above the monument! El Morro National Monument will stay open late on these dates. Visitors wishing to hike the Headland Trail must arrive at least 2 hours prior to closure.

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Daily Living Services:

Mobility Assistance, Meal Preparation, Eating, Bowel and Bladder Services, Cognitive Assistance, Household Services, Hygiene Assistance, Minor Maintenance of Assistive Devices.

Who Can benefit from Amazing Grace services?

- >Seniors who want to remain living independently in their own home, and would benefit from personal assistance and help with light housekeeping.
- >Family Attendants who provide for their family members, while trying to continue a regular work schedule or lifestyle.

We will tailor the plan to meet the needs of the client.

We at Amazing Grace would like to invite you to come by our office and we will be happy to answer any questions you have.

Amazing Grace does not provide medical services.

1613 S. Second St.
Gallup, NM 87301
Phone: 505-863-5898
Fax: 505-722-9165
Email: agpc@amazinggraceinc.com

El Malpais

Children's Story and Activity Hour

El Malpais National Monument Visitor Center
1900 East Santa Fe Avenue, Grants, NM
Sunday, September 22, 2019 at 2:00 p.m. to 3:00 p.m.

Join a Park Ranger as we read Stellaluna by Janell Cannon

For more information, please call El Malpais National Monument Visitor Center at 505-876-2

Direct PLUS Loans

Fixed rate
7.08%

NEW LOANS FOR PARENTS OF DEPENDENT UNDERGRADUATE STUDENTS AND FOR GRADUATE PROFESSIONAL STUDENTS

National Farmworker Jobs Program

PNM

QUESTIONS? CALL 888.486.4722

Legal Notice

Permit Revision 19-1 Application - Rio Algom Interim Closure/Closure Plan

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Location of real property affected: The Old Stope Leach Mine project area is located within Ambrosia Lake Valley, approximately 25 miles north of Grants, New Mexico. The project area is located in T14N, R9W Sections 20, 33, and 35, and portions of Sections 17, 29, 30, 32, and 34, located in T14N, R9W Sections 20, 33, and 35, and portions of Sections 17, 29, 30, 32, and 34, T14N, R10W Section 24 and portions of Sections 22 and 26.

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Permitter and mailing address: Rio Algom Mining, LLC, PO Box 218, Grants, NM 87020.

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New Mexico Energy, Minerals, Natural Resource Department
Mining and Minerals Division
1220 South St. Francis Drive
Santa Fe New Mexico 87505

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Name and address to submit written comments or requests for Public Hearing:
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Aviso Legal

Solicitud de Revisión de Permiso 19-1 - Plan de Cierre Provisional/Cierre de Rio Algom

De conformidad con lo dispuesto en 19.10.5 y 19.10.9.903 de secciones A a H del New Mexico Mining Act Rules, Rio Algom Mining, LLC ("RAML") proporciona este aviso de su solicitud al New Mexico Energy, Minerals, and Natural Resources Department Mining and Minerals Division ("MMD") de revisión de permiso 19-1, un plan de cierre provisional para el Old Stope Leach Mine, número de permiso MK009RE. El permiso y la aplicación describen disposiciones y normas de recuperación propenso al New Mexico Mining Act y Mining Act Rules.

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Permitido y dirección postal: Rio Algom Mining, LLC, PO Box 218, Grants, NM 87020.

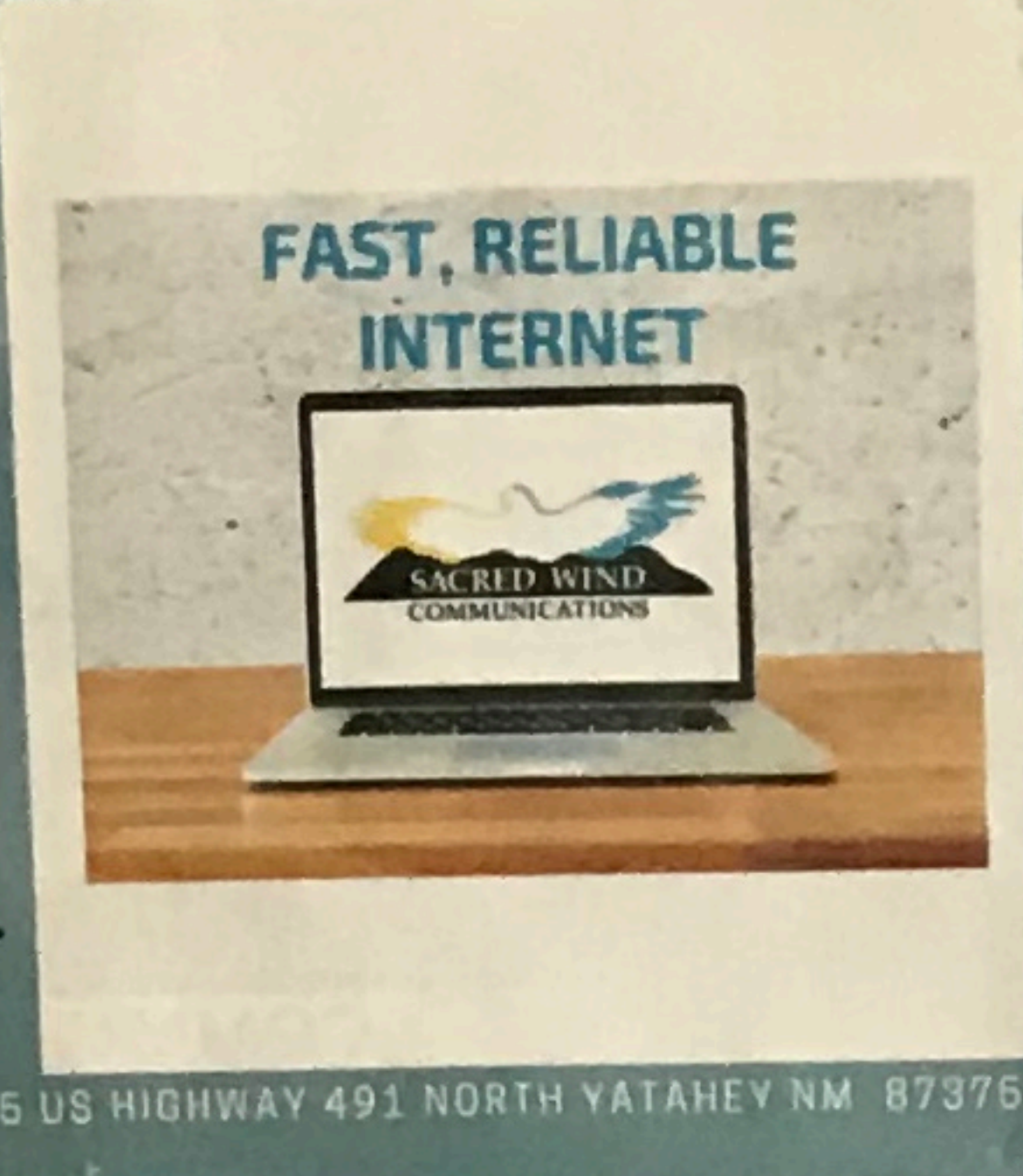
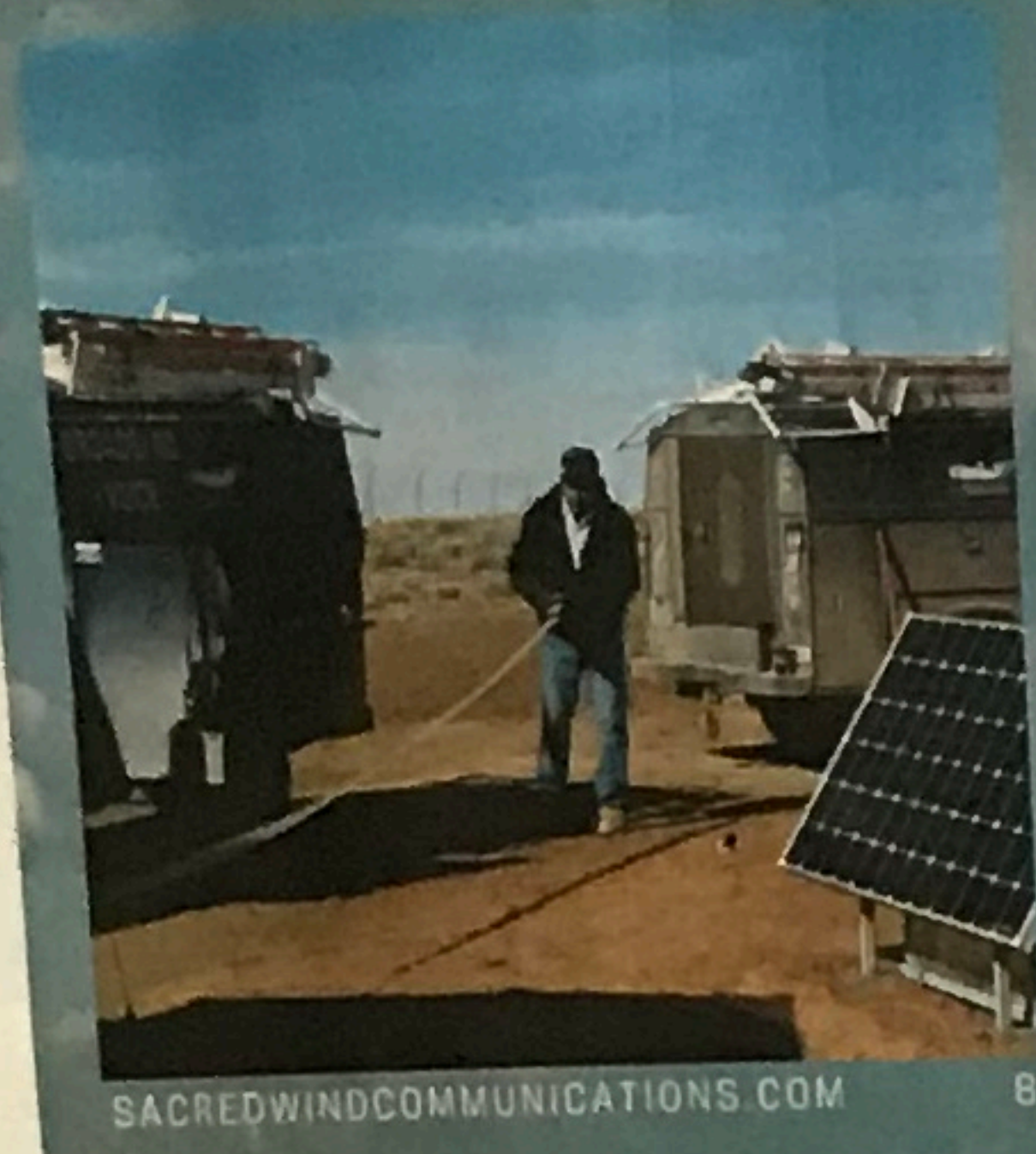
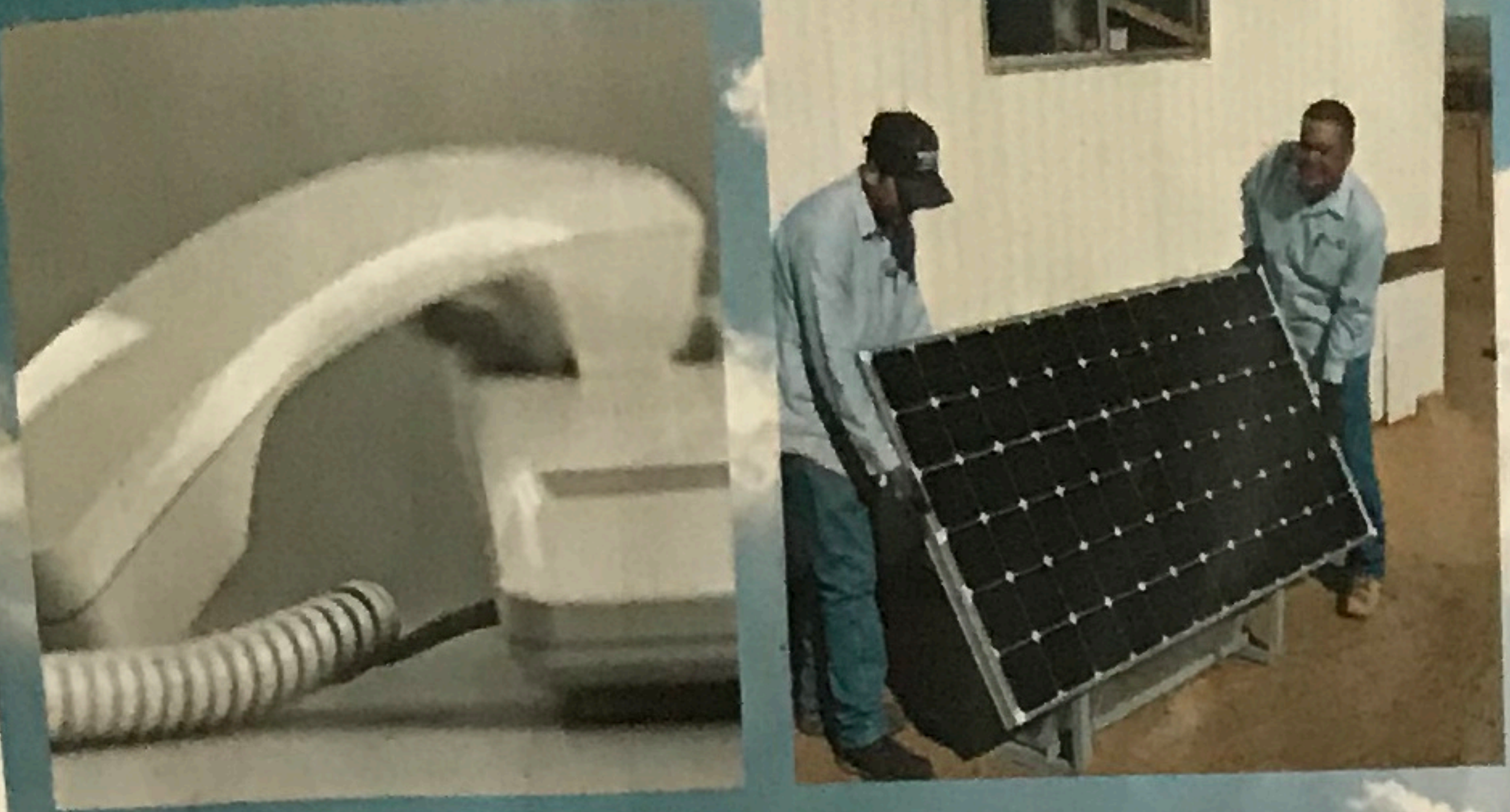
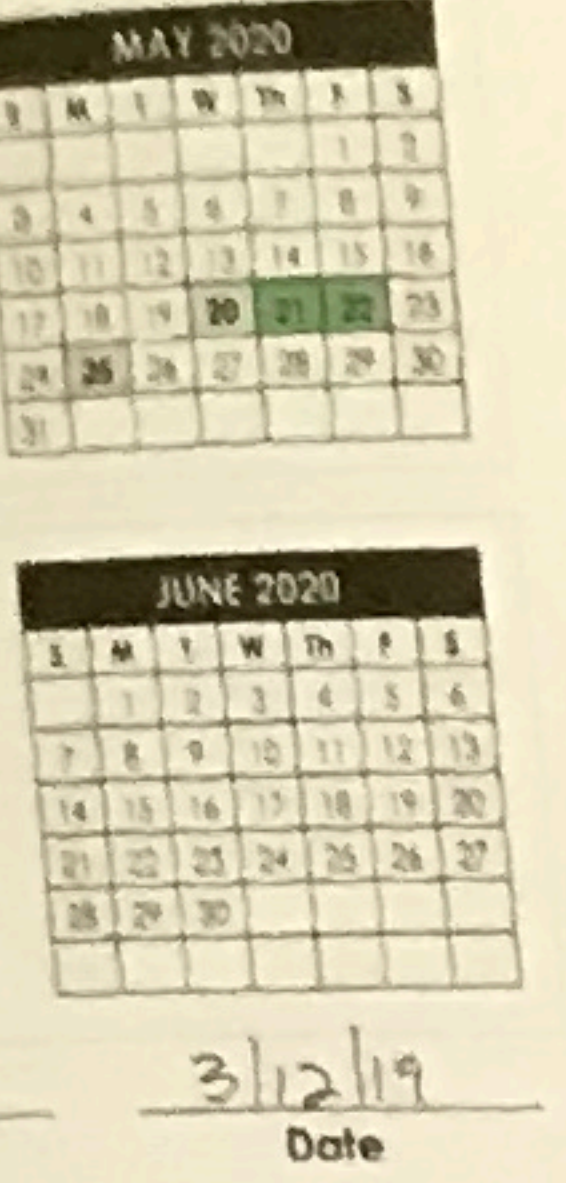
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New Mexico Energy, Minerals, Natural Resource Department
Mining and Minerals Division
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SACREDWINDCOMMUNICATIONS.COM 875 US HIGHWAY 491 NORTH YATAHEY NM 87376

TO BE ELIGIBLE FOR, SOLAR POWERED TELECOMMUNICATIONS,

- Customer must live within Sacred Wind's service territory.
- Customer must provide proof of home ownership (home site lease, residential lease, deed, or the application for one of these documents).
- Customer must live off the power grid and certify to the best of their knowledge, they cannot receive service from the nearest electric company, or that the installation for the electric service is too expensive.
- Home must be within line of sight (LOS) of one of SWC's towers, to receive Fixed Wireless telecom services.
- The solar unit is not designed, nor does it have enough power to run customary household appliances.
- The solar unit is designed to power the telecommunications, broadband equipment, a lap top or tablet, and a study lamp or two.

Sacred Wind Communications is not a solar, nor an electric company.

Call 877-722-3393



Crownpoint Service Unit presents: Wellness on Wheels Diabetes Care Clinic



Dates:	Locations:	Time:
March 26, 2019	Thoreau Chapter	9:00 AM - 3:00 PM
April 09, 2019	Baca Chapter	9:00 AM - 3:00 PM
April 23, 2019	Crownpoint Chapter	9:00 AM - 3:00 PM
May 07, 2019	Pueblo Pintado Chapter	9:00 AM - 3:00 PM
May 21, 2019	Standing Rock Chapter	9:00 AM - 3:00 PM
June 11, 2019	Smith Lake Chapter	9:00 AM - 3:00 PM
June 25, 2019	Lake Valley Chapter	9:00 AM - 3:00 PM
July 09, 2019	Casamero Lake Chapter	9:00 AM - 3:00 PM
July 26, 2019	Eastern Navajo Fair	9:00 AM - 3:00 PM
August 13, 2019	Mariano Lake Chapter	9:00 AM - 3:00 PM
August 27, 2019	White Rock Chapter	9:00 AM - 3:00 PM
September 10, 2019	Becenti Chapter	9:00 AM - 3:00 PM
September 24, 2019	Nahodishgish Chapter	9:00 AM - 3:00 PM
October 08, 2019	Littlewater Chapter	9:00 AM - 3:00 PM

Call 505-786-6325 or 505-786-2502 for an appointment.

- Services Available:**
- Nutrition Education
 - Immunization
 - Pharmacy (Medication)
 - Foot Exams
 - Provider available at each site



BURNING
PROSECUTED
PER BURN
ajo Nation Clean Air Act,
OPEN BURN REGULATIONS
202 & Subpart V § 501

CAL ELECTION
OTING
GINS TUESDAY OCTOBER 8TH, 2019
DAY 8:00AM TO 5:00PM
UNTY SCHOOL BOARD
DISTRICT-3 POSITION 2
SORY BOARD
TION 4 - POSITION 5
SCHOOL BOARD
TION-2 POSITION-4
ON DISTRICT (MCKINLEY-CIBOLA)
OR - POSITIONS - 1-2-5
CONSERVATION DISTRICT
ARRIBA-SANDOVAL)
OR - POSITIONS - 1-2-5
EAR TERMS

Legal Notice
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Mining and Minerals Division
1220 South St. Francis Drive
Santa Fe New Mexico 87505

This application can also be viewed at or downloaded from New Mexico Energy, Minerals, and Natural Resources Department website:

<http://www.emprd.state.nm.us/MMD/MARP/MK009RE.html>

Name and address to submit written comments or requests for Public Hearing: Written comments or requests for a public hearing with regard to this application shall be submitted to Fernando Martinez, Director, Mining and Minerals Division, 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. Within 30 days of the date of this public notice, any interested person may file written comments to the proposed application with the Director at the above address and request a public hearing. If a hearing is timely requested, the Director shall set a hearing unless the request is clearly frivolous. The Director may hold a public hearing absent any request. If a public hearing is held, it will be advertised in accordance with 19.10.9.904 NMAC.

Aviso Legal
Solicitud de Revisión de Permiso 19-1 - Plan de Cierre Provisional/Cierre de Rio Algom

De conformidad con lo dispuesto en 19.10.5 y 19.10.9.903 de secciones A a H del New Mexico Mining Act Rules, Rio Algom Mining, LLC ("RAML") proporciona este aviso de su solicitud al New Mexico Energy, Minerals, and Natural Resources Department Mining and Minerals Division ("MMD") de revisión de permiso 19-1, un plan de cierre provisional para el Old Stope Leach Mine, número de permiso MK009RE. El permiso y la aplicación describen disposiciones y normas de recuperación propenso al New Mexico Mining Act y Mining Act Rules.

La ubicación de la propiedad inmobiliaria afectada: El área del proyecto del Old Stope Leach Mine se encuentra dentro de la Ambrosia Lake Valley, aproximadamente 25 millas al norte de Grants, New Mexico. El área del proyecto se encuentra en T14N, R9W secciones 20, 33, y 35 y porciones de secciones 17, 29, 30, 32, y 34; T13N, R9W secciones 1, 2, 3, 11; y T14N, R10W sección 24 y porciones de secciones 22 y 26.

El propósito de la aplicación: El propósito de la aplicación es proporcionar una base para actualizar el aseguramiento financiero de RAML con el estado de New Mexico. La aplicación es un plan de cierre provisional, el cual describe un plan conceptual para la recuperación del permiso número MK009RE y forma la base de actualizar el aseguramiento financiero de RAML. La aplicación está siendo procesada por MMD como Revisión 19-1 al permiso número MK009RE.

Permiso y dirección postal: Rio Algom Mining, LLC, PO Box 218, Grants, NM 87020.

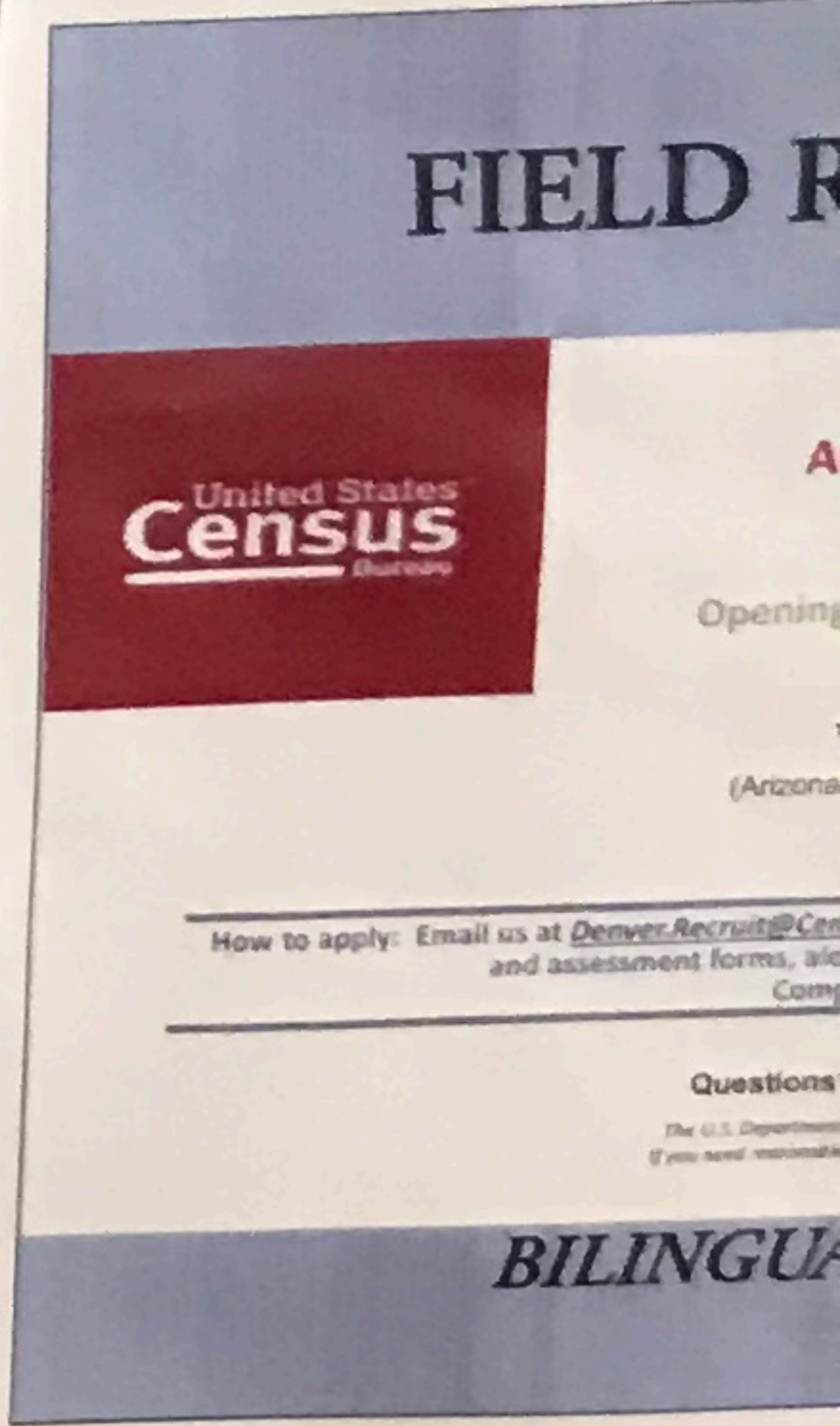
Una copia de la aplicación está disponible para ver dentro del horario comercial normal a:

New Mexico Energy, Minerals, Natural Resource Department
Mining and Minerals Division
1220 South St. Francis Drive
Santa Fe New Mexico 87505

Esta aplicación también se puede ver o descargar del sitio web del New Mexico Energy, Minerals, and Natural Resources Department:

<http://www.emprd.state.nm.us/MMD/MARP/MK009RE.html>

El nombre y la dirección para entregar comentarios escritos o solicitudes de audiencia pública: Los comentarios escritos o solicitudes de audiencia pública con respecto a esta aplicación se presentarán a Fernando Martinez, Director, Mining and Minerals Division, 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. Dentro de 30 días de la fecha de este aviso público, cualquiera persona interesada se puede presentar comentarios escritos a la aplicación propuesta con el director en la dirección mencionada y solicitar una audiencia pública. Si se solicita una audiencia oportunamente, el director fijará una audiencia a menos que la solicitud sea claramente frívola. El director puede celebrar una audiencia pública sin una solicitud. Si se celebra una audiencia pública, se anunciará de acuerdo con 19.10.9.904 NMAC.



Legal Notice

Permit Revision 19-1 Application – Rio Algom Interim Closure/Closeout Plan

Pursuant to the New Mexico Mining Act Rules, 19.10.5 and 19.10.9.903 A through H, Rio Algom Mining, LLC ("RAML") provides this notice of its application to the New Mexico Energy, Minerals, and Natural Resources Department Mining and Minerals Division ("MMD") for Revision 19-1, an Interim Closure/Closeout Plan for the Old Stope Leach Mine, Permit No. MK009RE. The Permit and application describe reclamation provisions and standards subject to the New Mexico Mining Act and Mining Act Rules.

Location of real property affected. The Old Stope Leach Mine project area is located within Ambrosia Lake Valley, approximately 25 miles north of Grants, New Mexico. The project area is located in T14N, R9W Sections 20, 33, and 35, and portions of Sections 17, 29, 30, 32, and 34; T13N, R9W Sections 1, 2, 3, 11; and T14N, R10W Section 24 and portions of Sections 22 and 26.

Purpose of the Application. The purpose of the application is to provide a basis for updating RAML's financial assurance with the State of New Mexico. The application is an Interim Closure/Closeout Plan, which outlines a conceptual plan for the reclamation of Permit No. MK009RE and forms the basis for updating RAML's financial assurance. The application is being processed by MMD as Revision 19-1 to Permit No. MK009RE.

Permittee and mailing address: Rio Algom Mining, LLC, PO Box 218, Grants, NM 87020.

A copy of the application is available for viewing during normal business hours at:

New Mexico Energy, Minerals, Natural Resource Department
Mining and Minerals Division
1220 South St. Francis Drive
Santa Fe New Mexico 87505

This application can also be viewed at or downloaded from New Mexico Energy, Minerals, and Natural Resources Department website:

<http://www.emnrd.state.nm.us/MMD/MARP/MK009RE.html>

Name and address to submit written comments or requests for Public Hearing. Written comments or requests for a public hearing with regard to this application shall be submitted to: Fernando Martinez, Director, Mining and Minerals Division, 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. Within 30 days of the date of this public notice, any interested person may file written comments to the proposed application with the Director at the above address and request a public hearing. If a hearing is timely requested, the Director shall set a hearing unless the request is clearly frivolous. The Director may hold a public hearing absent any request. If a public hearing is held, it will be advertised in accordance with 19.10.9.904 NMAC.

Aviso Legal

Solicitud de Revisión de Permiso 19-1 – Plan de Cierre Provisional Cierre de Rio Algom

De conformidad con lo dispuesto en 19.10.5 y 19.10.9.903 de secciones A a H del New Mexico Mining Act Rules, Rio Algom Mining, LLC ("RAML") proporciona este aviso de su solicitud al New Mexico Energy, Minerals, and Natural Resources Department Mining and Minerals Division ("MMD") de revisión de permiso 19-1, un plan de cierre provisional para el Old Stope Leach Mine, número de permiso MK009RE. El permiso y la aplicación describen disposiciones y normas de recuperación propenso al New Mexico Mining Act y Mining Act Rules.

La ubicación de la propiedad inmobiliaria afectada. El área del proyecto del Old Stope Leach Mine se encuentra dentro de la Ambrosia Lake Valley, aproximadamente 25 millas al norte de Grants, New Mexico. El área del proyecto se encuentra en T14N, R9W secciones 20, 33, y 35 y porciones de secciones 17, 29, 30, 32, y 34; T13N, R9W secciones 1, 2, 3, 11; y T14N, R10W sección 24 y porciones de secciones 22 y 26.

El propósito de la aplicación. El propósito de la aplicación es proporcionar una base para actualizar el aseguramiento financiero de RAML con el estado de New Mexico. La aplicación es un plan de cierre provisional, el cual describe un plan conceptual para la recuperación del permiso número MK009RE y forma la base de actualizar el aseguramiento financiero de RAML. La aplicación está siendo procesada por MMD como Revisión 19-1 al permiso número MK009RE.

Permiso y dirección postal: Rio Algom Mining, LLC, PO Box 218, Grants, NM 87020.

Una copia de la aplicación está disponible para ver dentro del horario comercial normal a:

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El nombre y la dirección para entregar comentarios escritos o solicitudes de audiencia pública. Los comentarios escritos o solicitudes de audiencia pública con respecto a esta aplicación se presentarán a: Fernando Martinez, Director, Mining and Minerals Division, 1220 South St. Francis Drive, Santa Fe, New Mexico 87505. Dentro de 30 días de la fecha de este aviso público, con el director en la dirección anterior y solicitar una audiencia pública. Si se solicita una audiencia oportunamente, el director fijará una audiencia a menos que la solicitud es claramente frívola. El director puede celebrar una audiencia pública sin una solicitud. Si se celebra una audiencia pública, se anunciará de acuerdo con 19.10.9.904 NMAC.