

**SUBDIVISION**

Major subdivision action \_\_\_\_\_  
 Minor subdivision action \_\_\_\_\_  
 Vacation Public ROW (Alley) XX  
 Variance (Non-Zoning) \_\_\_\_\_

## Supplemental Form (SF)

**S Z ZONING & PLANNING**  
 \_\_\_\_\_  
 Annexation \_\_\_\_\_

Variance (Non-Zoning) \_\_\_\_\_  
 Public ROW (Alley) V

Zone Map Amendment (Establish or Change Zoning, includes Zoning within Sector Development Plans) \_\_\_\_\_

**SITE DEVELOPMENT PLAN**

for Subdivision \_\_\_\_\_  
 for Building Permit \_\_\_\_\_  
 Administrative Amendment/Approval (AA) \_\_\_\_\_  
 IP Master Development Plan \_\_\_\_\_  
 Cert. of Appropriateness (LUCC) \_\_\_\_\_

**P** \_\_\_\_\_

Adoption of Rank 2 or 3 Plan or similar Text Amendment to Adopted Rank 1, 2 or 3 Plan(s), Zoning Code, or Subd. Regulations \_\_\_\_\_

**D** \_\_\_\_\_

Street Name Change (Local & Collector) \_\_\_\_\_

**STORM DRAINAGE (Form D)**

Storm Drainage Cost Allocation Plan \_\_\_\_\_

**L A APPEAL / PROTEST of...**

Decision by: DRB, EPC, LUCC, Planning Director, ZEO, ZHE, Board of Appeals, other \_\_\_\_\_

**PRINT OR TYPE IN BLACK INK ONLY.** The applicant or agent must submit the completed application in person to the Planning Department Development Services Center, 600 2<sup>nd</sup> Street NW, Albuquerque, NM 87102. Fees must be paid at the time of application. Refer to supplemental forms for submittal requirements.

**APPLICATION INFORMATION:**

Professional/Agent (if any): Myers, Oliver & Price, P.C. PHONE: 247-9080  
 ADDRESS: 1401 Central Avenue, NW  
 CITY: Albuquerque STATE NM ZIP 87104 E-MAIL: jmyers@moplaw.com  
 PHONE: \_\_\_\_\_ FAX: 247-9109

APPLICANT: See Attachment A

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_ E-MAIL: \_\_\_\_\_

Proprietary interest in site: Owners List all owners: See Attachment A

DESCRIPTION OF REQUEST: Vacation of N/S alley and E/W alley (Public ROW)

Is the applicant seeking incentives pursuant to the Family Housing Development Program?    Yes. XX No.

**SITE INFORMATION: ACCURACY OF THE EXISTING LEGAL DESCRIPTION IS CRUCIAL! ATTACH A SEPARATE SHEET IF NECESSARY.**

Lot or Tract No. Lots 7-12, 19, 20, 21-24, 26 and Lot A Block: A Unit: \_\_\_\_\_

Subdiv/Addn/TBKA: Atlantic-Pacific Addition

Existing Zoning: SU2-WD

Proposed zoning: N/A MRGCD Map No \_\_\_\_\_

Zone Atlas page(s): K-14 UPC Code: See Attachment A

**CASE HISTORY:**

List any current or prior case number that may be relevant to your application (Proj., App., DRB-, AX\_Z\_V\_S, etc.): None

**CASE INFORMATION:**

Within city limits?  Yes  No Within 1000FT of a landfill? No

No. of existing lots: 15 No. of proposed lots: \_\_\_\_\_ Total site area (acres): Approx. 3500 ft<sup>2</sup>

LOCATION OF PROPERTY BY STREETS: On or Near: N/S ALLEY between 1st and 2nd Street and E/W ALLEY  
 Between: Coal and Iron

Check if project was previously reviewed by: Sketch Plat/Plan  or Pre-application Review Team(PRT)  Review Date: \_\_\_\_\_

**SIGNATURE**

(Print Name) John A. Myers

DATE 11/19/14

Applicant  Agent

**FOR OFFICIAL USE ONLY**

- INTERNAL ROUTING
- All checklists are complete
- All fees have been collected
- All case #s are assigned
- AGIS copy has been sent
- Case history #s are listed
- Site is within 1000ft of a landfill
- F.H.D.P. density bonus
- F.H.D.P. fee rebate

Application case numbers \_\_\_\_\_

Revised: 4/2012

Action	S.F.	Fees
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
_____	_____	\$ _____
Total	_____	\$ _____

Hearing date \_\_\_\_\_

Staff signature & Date \_\_\_\_\_

Project # \_\_\_\_\_

FORM V: SUBDIVISION VARIANCES & VACATIONS

**BULK LAND VARIANCE (DRB04)**

(PUBLIC HEARING CASE)

Application for Minor Plat on FORM S-3, including those submittal requirements. **24 copies**  
Letter briefly describing and explaining: the request, compliance with the Development Process Manual, and all improvements to be waived.

Notice on the proposed Plat that there are conditions to subsequent subdivision (refer to DPM)

Office of Community & Neighborhood Coordination inquiry response, notifying letter, certified mail receipts

Sign Posting Agreement

Fee (see schedule)

List any original and/or related file numbers on the cover application

**DRB Public hearings are approximately 30 DAYS after the filing deadline. Your attendance is required.**

**VACATION OF PUBLIC EASEMENT (DRB27)**

**VACATION OF PUBLIC RIGHT-OF-WAY (DRB28)**

The complete document which created the public easement (folded to fit into an 8.5" by 14" pocket) **24 copies.**  
(Not required for City owned public right-of-way.)

Drawing showing the easement or right-of-way to be vacated, etc. (not to exceed 8.5" by 11") **24 copies**

Zone Atlas map with the entire property(ies) clearly outlined

Letter briefly describing, explaining, and justifying the request

Office of Community & Neighborhood Coordination inquiry response, notifying letter, certified mail receipts

Sign Posting Agreement

Fee (see schedule)

List any original and/or related file numbers on the cover application

Unless the vacation is shown on a DRB approved plat recorded by the County Clerk within one year, it will expire.

**DRB Public hearings are approximately 30 DAYS after the filing deadline. Your attendance is required.**

**SEWALK VARIANCE (DRB20)**

**SEWALK WAIVER (DRB21)**

Scale drawing showing the proposed variance or waiver (not to exceed 8.5" by 14")

Zone Atlas map with the entire property(ies) clearly outlined

Letter briefly describing, explaining, and justifying the variance or waiver

List any original and/or related file numbers on the cover application

**DRB meetings are approximately 8 DAYS after the Tuesday noon filing deadline. Your attendance is required.**

**SUBDIVISION DESIGN VARIANCE FROM MINIMUM DPM STANDARDS (DRB25)**

Scale drawing showing the location of the proposed variance or waiver (not to exceed 8.5" by 14") **24 copies**

Zone Atlas map with the entire property(ies) clearly outlined

Letter briefly describing, explaining, and justifying the variance

Office of Community & Neighborhood Coordination inquiry response, notifying letter, certified mail receipts

Sign Posting Agreement

Fee (see schedule)

List any original and/or related file numbers on the cover application

**DRB meetings are approximately 30 DAYS after the filing deadline. Your attendance is required.**

**TEMPORARY DEFERRAL OF SEWALK CONSTRUCTION (DRB19)**

**EXTENSION OF THE SIA FOR TEMPORARY DEFERRAL OF SEWALK CONSTRUCTION (DRB07)**

Drawing showing the sidewalks subject to the proposed deferral or extension (not to exceed 8.5" by 14") **6 copies**

Zone Atlas map with the entire property(ies) clearly outlined

Letter briefly describing, explaining, and justifying the deferral or extension

List any original and/or related file numbers on the cover application

**DRB meetings are approximately 8 DAYS after the Tuesday noon filing deadline. Your attendance is required.**

**VACATION OF PRIVATE EASEMENT (DRB26)**

**VACATION OF RECORDED PLAT (DRB29)**

The complete document which created the private easement/recorded plat (not to exceed 8.5" by 14") **6 copies**

Scale drawing showing the easement to be vacated (8.5" by 11") **6 copies**

Zone Atlas map with the entire property(ies) clearly outlined

Letter/documents briefly describing, explaining, and justifying the vacation **6 copies**

Letter of authorization from the grantors and the beneficiaries (private easement only)

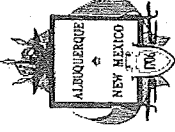
Fee (see schedule)

List any original and/or related file numbers on the cover application

Unless the vacation is shown on a DRB approved plat recorded by the County Clerk within one year, it will expire.

**DRB meetings are approximately 8 DAYS after the Tuesday noon filing deadline. Your attendance is required.**

I, the applicant, acknowledge that any information required but not submitted with this application will likely result in deferral of actions.



Applicant name (print)

Applicant signature / date

Form revised 4/07

Checklists complete

Fees collected

Case #s assigned

Related #s listed

Application case numbers  
Project #  
Planner signature / date

**ATTACHMENT A**

**Applicants:**

John Yost  
111 Iron Ave. SW  
Albuquerque, New Mexico 87110

Owner of Lot 19 and 20, Block A  
Pacific & Atlantic Addition

UPC Code Number: 101405722624633702

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Rahim Kassam and Nizar Kassam  
13101 Rebonito Road, NE  
Albuquerque, New Mexico 87112

Owners of Lots 7 through 12, Block A  
Pacific & Atlantic Addition

**UPC Code Numbers:**

Lots 7 thru 11, Block A: 101405723824633705  
Lot 12, Block A 101405723723933703

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Russell Garner  
Rodney Guameri and Richard Guameri  
500 2<sup>nd</sup> Street, SW  
Albuquerque, New Mexico 87102  
Albuquerque, New Mexico 87102

Owners of Lot A, Plat of Lots A & B  
Pacific & Atlantic Addition  
(formerly Lots 1-6, Lots 13-18, and Lot 25,  
Block A, Atlantic and Pacific Addition)

UPC Number: 101405723125833709

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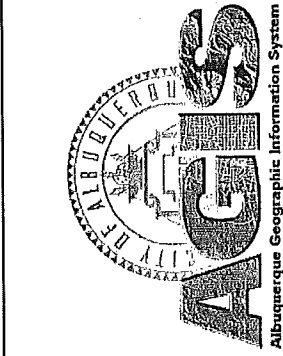
Gilbert Austin  
1829 Patton Road, SW  
Albuquerque, New Mexico 87105

Owner Lot 21  
Block A  
Pacific & Atlantic Addition

UPC Number: 101405722025033711

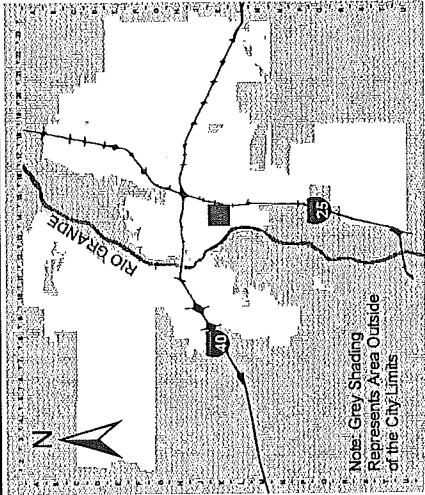


For more current information and details visit: <http://www.cabq.gov/gis>



Albuquerque Geographic Information System

Map amended through: 9/2/2014



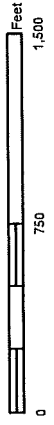
Note: Grey Shading Represents Area Outside of the City Limits

Zone Atlas Page:

# K-14-Z

Selected Symbols

- SECTOR PLANS
- Design Overlay Zones
- City Historic Zones
- H-1 Buffer Zone
- Escarpment
- 2 Mile Airport Zone
- Airport Noise Contours
- Wall Overlay Zone
- Petroglyph Mon.



## JUSTIFICATION FOR REQUEST

This is a request for vacation of public rights-of-way (the "Rights-of-Way"). The Rights-of-Way are the north/south and the east/west alleys in Block A, Atlantic & Pacific Addition. Block A is bounded by First Street on the east, Second Street on the west, Iron Avenue on the south and Coal Avenue on the north. The Rights-of-Way are shown on the attached plat and zone map page.

The applicants for this request are John Yost ("Yost"), Rahim and Nizar Kassam ("Kassam"), Russell Garner, Rodney Guarneri and Richard Guarneri ("Garner/Guarneri"), and Fred and Daisy Austin ("Austin"). Yost, Kassam, Garner/Guarneri and Austin are jointly referred to herein as the "Owners".

Yost is the owner of the following described properties (the "Yost Property"):

Lots 19 and 20, Block A, Pacific & Atlantic Addition, as the same are shown and designated on the Plat thereof, recorded in the Bernalillo County, New Mexico real estate records on April 24, 1888, in Book C, Folio 154

Kassam is the owner of the following described property (the "Kassam Property"):

Lots 7 through 12, Block A, Pacific & Atlantic Addition, as the same are shown and designated on the Plat thereof, recorded in the Bernalillo County, New Mexico real estate records on April 24, 1888, in Book C, Folio 154

Garner/Guarneri is the owners of the following described property ("Garner/Guarneri Property"):

Lot A, Plat of Lots A & B, as the same is shown and designated on the Plat of Lot A & B, Block A, Atlantic and Pacific Addition, recorded in the Bernalillo County, New Mexico real estate records on April 21, 1991, as Document No. 91019601

Austin is the owner of the following described property (the "Austin Property"):

Lots 21, 22, 23 24 and 26, Block A, Pacific & Atlantic Addition, as the same are shown and designated on the Plat thereof, recorded in the Bernalillo County, New Mexico real estate records on April 24, 1888, in Book C, Folio 154

The Yost Property, the Kassam Property, the Garner/Guameri Property and the Austin Property constitute 100% of the front footage of the Rights-of-Way.

The vacation of the Rights-of-Way are justified because:

1. The public welfare is no way served by retaining the Rights-of-Way;
2. There will be a net benefit to the public welfare because the development made possible by the vacation of the Rights-of-Way are clearly more beneficial to the public welfare than the minor detriment, if any, resulting from the vacation;
3. There is no convincing evidence that any substantial property right will be abridged against the will of the owner of the right if the vacation is granted.

Therefore, the Owners respectfully request that the vacation of the Rights-of-Way be granted.

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**Karen Arfman**

**From:** Karen Arfman [karfman@moplaw.com]  
**Sent:** Friday, October 17, 2014 12:44 PM  
**To:** 'Winklepleck, Stephani I.'  
**Cc:** 'John Myers'; 'John Yost'; 'Rahim Kassam'  
**Subject:** RE: Vacation Request  
**Attachments:** 20141017123634990.pdf

Stephanie, thank you for your email and your voicemail regarding the neighborhood associations. I am attaching another zone page atlas for you to look at. When I sent you the first zone page I do not think I may have been clear enough as to where the property is. I cross-hatched on the attached. Would you please take one more look and be sure we need to notify all the associations you sent? Thank you.

Karen Lee Arfman Ward, Legal Assistant  
Myers, Oliver & Price, P.C.  
1401 Central Avenue, NW  
Albuquerque, New Mexico 87104  
Telephone: 505-247-9080

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**From:** Winklepleck, Stephani I. [mailto:[SWinklepleck@cabq.gov](mailto:SWinklepleck@cabq.gov)]  
**Sent:** Thursday, October 16, 2014 12:00 PM  
**To:** 'Karen Arfman'  
**Cc:** 'John Myers'; 'John Yost'; 'Rahim Kassam'  
**Subject:** RE: Vacation Request

Karen and others,

Back on May 1, 2014 when you requested information at that time I wasn't looking at my maps properly and gave you the incorrect information.

Attached you will find the names of the Downtown NA List of NA's that will need to be contacted.

If anyone has any questions please feel free to contact me.

Have a good one.

Stephani  
Stephani Winklepleck  
Neighborhood Liaison  
Office of Neighborhood Coordination  
COA/Planning  
Phone: 505-924-3914 Fax: 505-924-3913  
E-mail: [swinklepleck@cabq.gov](mailto:swinklepleck@cabq.gov)

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**From:** Karen Arfman [<mailto:karfman@moplaw.com>]

**Sent:** Thursday, October 16, 2014 9:44 AM

**To:** Winklepleck, Stephani I.

**Cc:** 'John Myers'; 'John Yost'; 'Rahim Kassam'

**Subject:** FW: Vacation Request

Stephani: Please see the email below. Our clients are ready to file the vacation request and I need an update of the recognized neighborhood associations. Would you please be kind enough to this for me? Thank you.

Karen Lee Arfman Ward, Legal Assistant  
Myers, Oliver & Price, P.C.  
1401 Central Avenue, NW  
Albuquerque, New Mexico 87104  
Telephone: 505-247-9080

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**From:** Karen Arfman [<mailto:karfman@moplaw.com>]

**Sent:** Thursday, May 01, 2014 12:01 PM

**To:** 'swinklepleck@cabq.gov'

**Cc:** 'jmyers@moplaw.com'

**Subject:** Vacation Request

Stephanie, I am back with another vacation of alley (Public ROW) request. I have attached a Developer Inquiry Sheet along with Zone Atlas Page K-14. Would you please check on recognized neighborhood associations. As always, thank you.

Karen Lee Arfman, Legal Assistant  
Myers, Oliver & Price, P.C.  
1401 Central Avenue, NW  
Albuquerque, New Mexico 87104  
Telephone: 505-247-9080





# DEVELOPER INQUIRY SHEET

To obtain NA/HOA Contact Information for Application Submittal to the Planning Department.

The Office of Neighborhood Coordination (ONC) located in Room 120 (basement) of the Plaza Del Sol Building, 600 Second Street NW, Fax: (505) 924-3913 -OR- you can e-mail the Zone Map and Developer Inquiry Sheet to: Stephani Winklepleck, e-mail: [swinklepleck@caba.gov](mailto:swinklepleck@caba.gov). ONC will need the following information **BEFORE** NA/HOA Contact Information will be released to the Applicant/Agent on any Project being presented to the Planning Department. If you have any questions, please feel free to contact our office at (505) 924-3914.

## Zone Map and this Developer Inquiry Sheet MUST be provided with request.

Please mark/hatch Zone Map where Property is located.

Your Developer Inquiry is for the following:

- Cell Tower Submittal:  Free-Standing Tower -OR-  Concealed Tower  
 EPC Submittal  DRB Submittal  LUCC Submittal  Liquor Submittal  
 Administrative Amendments (AA's) Submittal  City Project Submittal

CONTACT NAME: Karen Winkler  
 COMPANY NAME: Myers Oliver Price PC  
 ADDRESS/ZIP: 1401 Central Ave. NW, aeb NM 87104  
 PHONE: 247-9080 FAX: 247-9109

## LEGAL DESCRIPTION INFORMATION

LEGAL DESCRIPTION OF THE SUBJECT SITE FOR THIS PROJECT SUBMITTAL IS DESCRIBED BELOW (i.e., Lot A, Block A, of the For Your Information Subdivision):

lots 7-12, Block A, Lot A, Block A  
Lots 19, 20, 21, 22, 23, 24, 26, Block A  
are within Pacific Atlantic Addition

LOCATED ON 175' Alley between 1<sup>st</sup> & 2nd Street  
 STREET NAME OR OTHER IDENTIFYING LANDMARK

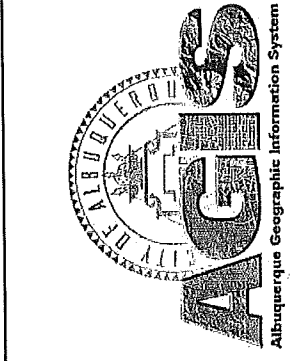
BETWEEN E/W Alley between Coal & Iron AND  
 STREET NAME OR OTHER IDENTIFYING LANDMARK

STREET NAME OR OTHER IDENTIFYING LANDMARK

THE SITE IS LOCATED ON THE FOLLOWING ZONE ATLAS PAGE (K-14).

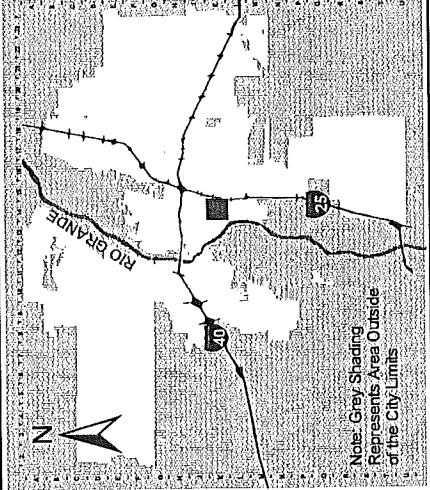


For more current information and details visit: <http://www.cabq.gov/gis>



Albuquerque Geographic Information System

Map amended through: 9/2/2014



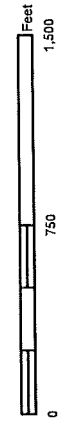
Note: Grey Shading Represents Area Outside of the City Limits

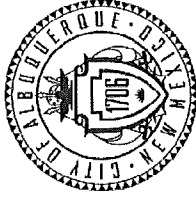
Zone Atlas Page:

# K-14-Z

Selected Symbols

- SECTOR PLANS
- Design Overlay Zones
- City Historic Zones
- H-1 Buffer Zone
- Petroglyph Mon.
- Escarpment
- 2 Mile Airport Zone
- Airport Noise Contours
- Wall Overlay Zone





## City of Albuquerque

P.O. Box 1293, Albuquerque, NM 87103

**PLEASE NOTE:** The Neighborhood Association information listed in this letter is valid for one (1) month. If you haven't filed your application within one (1) month of the date of this letter – you will need to get an updated letter from our office.

October 16, 2014

Karen Lee Arfman  
Myers, Oliver and Price, P.C.  
1401 Central Avenue NW/87104  
Phone: 505-247-9080/Fax: 505-247-9109  
E-mail: [karfman@moplaw.com](mailto:karfman@moplaw.com)

Dear Karen:

Thank you for your inquiry of **October 16, 2014** requesting the names of **ALL Neighborhood and/or Homeowner Associations** who would be affected under the provisions of §14-8-2-7 of the *Neighborhood Association Recognition Ordinance* by your proposed project at **(DRB SUBMITTAL) – LOTS 7-12, BLOCK A, LOT A, BLOCK A, LOTS 19-24 AND LOT 26, BLOCK A, ALL WITHIN PACIFIC AND ATLANTIC ADDITION LOCATED ON THE N/S ALLEY BETWEEN FIRST STREET SW AND SECOND STREET SW AND THE E/W ALLEY BETWEEN COAL AVENUE SW AND IRON AVENUE SW** zone map **K-14**.

Our records indicate that the **Neighborhood and/or Homeowner Associations** affected by this submittal and the contact names are as follows:

**SEE “ATTACHMENT A” FOR THE NAMES OF THE NA/HOA’S THAT NEED TO BE CONTACTED IN REGARDS TO THIS PLANNING SUBMITTAL – please attach this letter and “Attachment A” to your Application Packet ALONG with copies of the letters and certified mail receipts to the NA/HOA’s – siw.**

Please note that according to §14-8-2-7 of the *Neighborhood Association Recognition Ordinance* you are required to notify each of these contact persons by **certified mail, return receipt requested, before the Planning Department will accept your application filing. IMPORTANT! Failure of adequate notification may result in your Application Hearing being deferred.** If you have any questions about the information provided, please contact me at (505) 924-3902 or via an e-mail message at [swinklepleck@cabq.gov](mailto:swinklepleck@cabq.gov) or by fax at (505) 924-3913.

Sincerely,

*Stephani Winklepleck*

Stephani Winklepleck  
Neighborhood Liaison  
OFFICE OF NEIGHBORHOOD COORDINATION  
Planning Department

planningmaform(03/14/14)

LETTERS MUST BE SENT TO  
BOTH CONTACTS OF EACH  
NEIGHBORHOOD AND/OR  
HOMEOWNER ASSOCIATION

**“ATTACHMENT A”**

Karen Lee Arfman  
Myers, Oliver and Price, P.C.  
Zone Map: K-14

**BARELAS NEIGHBORHOOD ASSOCIATION**

Dorothy Chavez  
612 10<sup>th</sup> St. SW/87102 918-1611 (c)  
Javier Benavidez  
1115 Barelas SW/87102 315-3596 (c)

**BROADWAY CENTRAL CORRIDORS PARTNERSHIP, INC. (R)**

David Mahlman  
206 Broadway SE/87102  
243-0101 (h)  
Rob Dickson  
401 Central Ave. NE, Ste. D/87102  
247-3935 (h)

**CITIZENS INFORMATION COMMITTEE OF MARTINEZTOWN (R)**

Frank H. Martinez  
501 Edith NE/87102 243-5267 (w)  
Sergio Viscoli  
700 Don Cipriano Ct. NE/87102

**DOWNTOWN NEIGHBORHOODS ASSOCIATION (R)**

Reba Eagles, c/o Original Medicine Acupuncture  
1500 Lomas Blvd. NW, Ste. B/87104 604-3434 (c)  
Robert Bello  
1424 Roma Ave. NW/87104 872-0998 (h)

**HUNING HIGHLAND HISTORIC DISTRICT ASSOCIATION (R)**

Bonnie Anderson  
522 Edith SE/87102 242-8848 (h)  
Ann L. Carson  
416 Walter SE/87102 242-1143 (h)

**MARTINEZTOWN WORK GROUP**

Loretta Naranjo Lopez  
1127 Walter NE/87102 270-7716 (c)  
Ivan Westergaard  
1008 Calle Garza NE/87113 344-9137 (h)

**RAYNOLDS ADDITION NEIGHBORHOOD ASSOCIATION (R)**

Bob Tilley  
806 Lead Ave. SW/87102 263-9848 (h)  
Deborah Foster  
1307 Gold SW/87102 243-4865 (h)

**SANTA BARBARA-MARTINEZTOWN ASSOCIATION (R)**

Vickie R. Early  
212 Arvada Ave. NE/87102 505-306-0655 (h)  
Christina Chavez  
517 Marble NE/87102 459-4521 (c)

**SOUTH BROADWAY NEIGHBORHOOD ASSOCIATION (R)**

Frances Armijo  
915 Williams SE/87102 247-8798 (h)  
Gwen Colonel  
900 John St. SE/87102 513-257-9414 (c)

**DOWNTOWN ACTION TEAM**

Lola Bird  
100 Gold St. SW, Ste. 204/87102 243-2230 (w)  
Todd Clarke  
100 Gold St. SW, Ste. 204/87102

**MYERS, OLIVER & PRICE, P.C.**

LAWYERS  
1401 CENTRAL AVENUE, N.W.  
ALBUQUERQUE, NEW MEXICO 87104

JOHN A. MYERS  
KEVIN J. MCGREADY  
HOPE MEAD WYNN  
J. MATT MYERS

CHARLES P. PRICE III, *Of Counsel*  
FLOYD D. WILSON, *Of Counsel*  
SCOTT OLIVER *Of Counsel*

TELEPHONE  
(505)247-9080  
FACSIMILE  
(505)247-9109

e-mail: [jmyers@moplaw.com](mailto:jmyers@moplaw.com)

October 20, 2014

**CERTIFIED MAIL/RETURN RECEIPT REQUESTED**

Ms. Dorothy Chavez  
Barelas Neighborhood Association  
612 10<sup>th</sup> Street, SW  
Albuquerque, New Mexico 87102

Mr. Javier Benavidez  
Barelas Neighborhood Association  
1115 Barelas, SW  
Albuquerque, New Mexico 87102

Mr. David Mahlman  
Broadway Central Corridors Partnership,  
Inc.  
206 Broadway, SE  
Albuquerque, New Mexico 87102

Mr. Rob Dickson  
Broadway Central Corridors Partnership,  
Inc.  
401 Central Avenue, NE, Suite D  
Albuquerque, New Mexico 87102

Mr. Frank H. Martinez  
Citizens Information Committee of  
Martineztown  
501 Edith, NE  
Albuquerque, New Mexico 87102

Mr. Sergio Viscoli  
Citizens Information Committee of  
Martineztown  
700 Don Cipriano Court, NE  
Albuquerque, New Mexico 87102

Reba Eagles  
c/o Original Medicine Acupuncture  
Downtown Neighborhood Association  
1500 Lomas Blvd., NW, Suite B  
Albuquerque, New Mexico 87104

Mr. Robert Bello  
Downtown Neighborhood Association  
1424 Roma Avenue, NW  
Albuquerque, New Mexico 87104

Ms. Bonnie Anderson  
Huning Highland Historic District Assoc.  
522 Edith, SE  
Albuquerque, New Mexico 87102

Ms. Ann L. Carson  
Huning Highland Historic District Assoc.  
416 Walter, SE  
Albuquerque, New Mexico 87102

Ms. Loretta Naranjo Lopez  
Martineztown Work Group  
1127 Walter, NE  
Albuquerque, New Mexico 87102

Mr. Ivan Westergard  
Martineztown Work Group  
1008 Calle Garza, NE  
Albuquerque, New Mexico 87113

Mr. Bob Tilley  
Raynolds Addition Neighborhood  
Association  
806 Lead Avenue, SW  
Albuquerque, New Mexico 87102

Ms. Deborah Foster  
Raynolds Addition Neighborhood  
Association  
1307 Gold Avenue, SW  
Albuquerque, New Mexico 87102

Ms. Vickie R. Early  
Santa Barbara-Martineztown  
Association  
212 Arvada Avenue, NE  
Albuquerque, New Mexico 87102

Ms. Christina Chavez  
Santa Barbara-Martinez Town  
Association  
517 Marble, NE  
Albuquerque, New Mexico 87102

Ms. Frances Armijo  
South Broadway Neighborhood  
Association  
915 Williams, SE  
Albuquerque, New Mexico 87102

Ms. Gwen Colonel  
South Broadway Neighborhood  
Association  
900 John St., SE  
Albuquerque, New Mexico 87102

Ms. Lola Bird  
Downtown Action Team  
100 Gold Street, NW, Suite 204  
Albuquerque, New Mexico 87102

Mr. Todd Clarke  
Downtown Action Team  
100 Gold Street, NW, Suite 204  
Albuquerque, New Mexico 87102

Re: Vacation of Alleys

Ladies and Gentlemen:

This office represents the owners of the property bounded by First Street, Second Street, Iron and Coal, SW. On their behalf, we are filing an application to vacate the alleys located within this block. The alleys are not necessary for public access and afford an opportunity for mischief and vagrancy.

We are enclosing a copy of our application which we will be filing with the City of Albuquerque Development Review Board ("DRB") for your convenience. When the application is filed, a hearing will be scheduled before the DRB. Please contact us if you have questions.

Thank you.

Very truly yours,  
MYERS, OLIVER & PRICE, P.C.

By:   
John A. Myers

JAM/klaw  
Enclosure

cc: Mr. John Yost  
Rahim and Nizar Kassam  
Russell Garner  
Rodney and Richard Guarneri  
Fred and Daisy Austin

H:\Yost\Vacation of Alley\neighborhood ltr.docx

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Sent To Vickie Gault  
Street, Apt. No. or PO Box No. 2075 S. Taylor  
City, State, ZIP+4 Northweston NJ

PS Form 3800, August 2006 See Reverse for Instructions

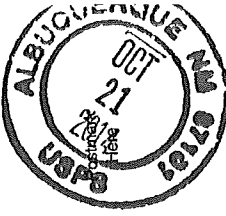
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Sent To Christina Chavez  
Street, Apt. No. or PO Box No. 2075 S. Taylor  
City, State, ZIP+4 Northweston NJ

PS Form 3800, August 2006 See Reverse for Instructions

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Sent To Boyle Anderson  
Street, Apt. No. or PO Box No. Highway 151  
City, State, ZIP+4 Highland

PS Form 3800, August 2006 See Reverse for Instructions

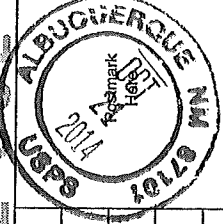
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Sent To Dyan Westergard  
Street, Apt. No. or PO Box No. Northglendale  
City, State, ZIP+4 Wash Dc

PS Form 3800, August 2006 See Reverse for Instructions

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Sent To Deborah Foster  
Street, Apt. No. or PO Box No. Raypolds Addition  
City, State, ZIP+4 N.J.

PS Form 3800, August 2006 See Reverse for Instructions

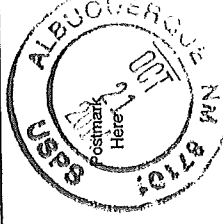
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Total Postage & Fees \$	



Sent To Jedd Clarke  
Street, Apt. No. or PO Box No. Northglendale

PS Form 3800, August 2006 See Reverse for Instructions

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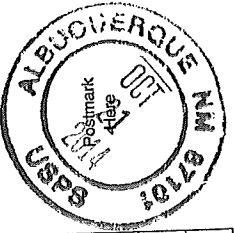


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Total Postage & Fees	\$



Sent To *Loretta Aramio 6673*  
Street, Apt. No.,  
or PO Box No. *Marqueztown Walk*  
City, State, ZIP+4 *Dona*

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To *Lyla Bird*  
Street, Apt. No.,  
or PO Box No. *Downtown Aerial*  
City, State, ZIP+4 *De Jean*

See Reverse for Instructions

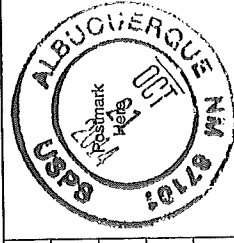
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To *Francois Arroyo*  
Street, Apt. No.,  
or PO Box No. *Sally Broadway*  
City, State, ZIP+4 *NA*

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Total Postage & Fees	\$



Sent To *Robert Bello*  
Street, Apt. No.,  
or PO Box No. *Downtown NA*  
City, State, ZIP+4

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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To *Sergio Usual*  
Street, Apt. No.,  
or PO Box No. *Ch La*

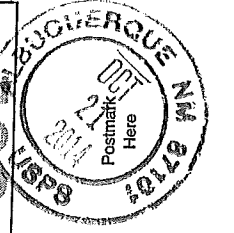
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To *Sally Broadway*  
Street, Apt. No.,  
or PO Box No. *NA*

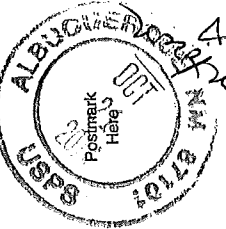
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Sent to  
 Street, Apt. No.,  
 or PO Box No. Reba Eagles Nest  
 City, State, ZIP+4 Albuquerque NM 87103  
 PS Form 3800, August 2006 See Reverse for Instructions

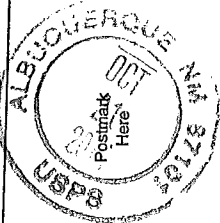
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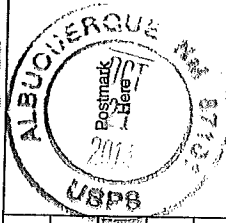
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 Street, Apt. No.,  
 or PO Box No. Liquid Maltmen  
 City, State, ZIP+4 Albuquerque NM 87103  
 PS Form 3800, August 2006 See Reverse for Instructions

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Sent to  
 Street, Apt. No.,  
 or PO Box No. Danny Chavez  
 City, State, ZIP+4 Albuquerque NM 87103

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Sent to  
 Street, Apt. No.,  
 or PO Box No. Amy Carson  
 City, State, ZIP+4 Albuquerque NM 87103  
 PS Form 3800, August 2006 See Reverse for Instructions

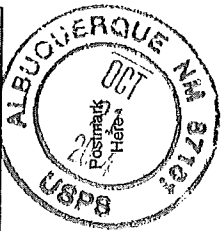
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Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent to  
 Street, Apt. No.,  
 or PO Box No. Bob Dickson  
 City, State, ZIP+4 Albuquerque NM 87103  
 PS Form 3800, August 2006 See Reverse for Instructions

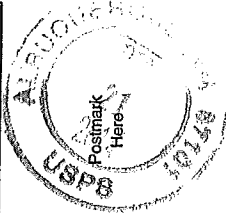
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent to  
 Street, Apt. No.,  
 or PO Box No. Navier Lomas  
 City, State, ZIP+4 Albuquerque NM 87103

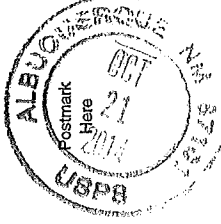
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Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To: Bob Jiles  
 Street, Apt. No.,  
 or PO Box No. Payroll Addition  
 City, State, ZIP+4 NA

PS Form 3800, August 2006 See Reverse for Instructions

7013 2630 0000 0000 0000 2039

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Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$



Sent To: Guern Colored  
 Street, Apt. No.,  
 or PO Box No. South Broadway  
 City, State, ZIP+4 NA

PS Form 3800, August 2006 See Reverse for Instructions

7013 2630 0000 0000 0000 2039

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Ann L. Carson  
 Newark Highland  
 Historic District  
 416 Walker SE  
 alb. NM 87102

2. Article Number

7013 2630 0000 3887 2008

(Transfer from service)

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Ann L. Carson*  Address

B. Received by (Printed Name) C. Date of Delivery  
 Ann L. Carson 10/30/14

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

3. Service Type

- Certified Mail®  Priority Mail Express™
- Registered  Return Receipt for Merchandise
- Insured Mail  Collect on Delivery
- 4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Deborah Foster  
 Reynolds Addition  
 N.A.  
 1307 Bold Ave SW  
 alb. NM 87102

2. Article Number

7013 2630 0000 3887 2046

(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Deborah Foster*  Address

B. Received by (Printed Name) C. Date of Delivery  
 Deborah Foster

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

3. Service Type

- Certified Mail®  Priority Mail Express™
- Registered  Return Receipt for Merchandise
- Insured Mail  Collect on Delivery
- 4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Bonnie Anderson  
 Newark Highland  
 Historic District  
 522 Edith SE  
 alb. NM 87102

2. Article Number

7013 2630 0000 3887 1995

(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*Bonnie Anderson*  Addressee

B. Received by (Printed Name) C. Date of Delivery  
 Bonnie Anderson 10/28/14

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

3. Service Type

- Certified Mail®  Priority Mail Express™
- Registered  Return Receipt for Merchandise
- Insured Mail  Collect on Delivery
- 4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Rob Dickson  
Broadway Central  
Corridors Partnership  
401 Central Ave. NW  
Suite D  
Aub. NM 87102*

2. Article Number

*7013 2630 0000 3887 1940*

(Transfer from PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *X [Signature]*  Agent  Addressee

B. Received by (Printed Name) *Carol S. Moran* C. Date of Delivery *10/22/14*

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

If YES, enter delivery address below:

3. Service Type  Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes  No

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Grand Martins  
Citizens Information  
Committee Meeting room  
501 Edith NE  
Aub. NM 87102*

2. Article Number

*7013 2630 0000 3887 1957*

(Transfer from PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *X [Signature]*  Agent  Addressee

B. Received by (Printed Name) *Frank Martinez* C. Date of Delivery *10-22-14*

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

If YES, enter delivery address below:

3. Service Type  Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes  No

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Dorothy Chavez  
Barelas 71-A.  
612 104th Street SW  
Aub. NM 87102*

2. Article Number

*7013 2630 0000 3887 1919*

(Transfer from PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *X [Signature]*  Agent  Addressee

B. Received by (Printed Name) *Carol S. Moran* C. Date of Delivery *10/22/14*

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

If YES, enter delivery address below:

3. Service Type  Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes  No

*OCT 22 2014*

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*David Nashman  
Broadway Central  
Cornudas factories  
Jalo Broadway SE  
Aeb. NM 87102*

2. Article Number

*(Transfer from service label) 7013 2630 0000 3887 1933*

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

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

D. Is delivery address different from item 1?  Yes  No  
If YES, enter delivery address below:  
*OCT 22 2014*

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Reba Eagles  
Downtown N.A.  
1500 James Blvd NW  
Suite B  
Aeb. NM 87104*

2. Article Number

*(Transfer from service label) 7013 2630 0000 3887 1971*

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *10/22*

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

*OCT 22 2014*

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*James Amigo  
South Broadway N.A.  
915 Wms. 52  
Aeb. NM 87102*

2. Article Number

*(Transfer from service label) 7013 2630 0000 3887 2077*

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*  Agent  Addressee

B. Received by (Printed Name) *[Signature]* C. Date of Delivery *10-23-14*

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Christina Chavez  
 Santa Barbara Martins town  
 N.A.  
 517 Marble Dr  
 alb. NM 87102

2. Article Number

(Transfer from service label)

7013 2630 0000 3887 2060

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature  Agent  Addressee  
*X C. Chavez*
- B. Received by (Printed Name) C. Date of Delivery  
*Christina Chavez 10-23-14*
- D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:

3. Service Type
- Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery  
 Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Loretta Narayana Lopez  
 Martinez NM 87102  
 Albuquerque NM  
 1127 Walker Dr  
 alb. NM 87102

2. Article Number

(Transfer from service label)

7013 2630 0000 3887 2015

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

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

3. Service Type
- Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery  
 Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Van Westergard  
 Martins town NM  
 1008 Calle Arzane  
 alb. # NM 87113

2. Article Number

(Transfer from service label)

7013 2630 0000 3887 2022

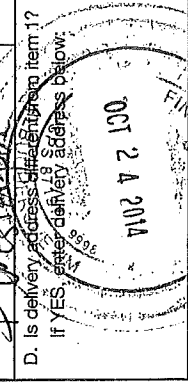
PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

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

3. Service Type
- Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery  
 Restricted Delivery? (Extra Fee)  Yes



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Robert Bello  
 Doortman N.Y.  
 1424 Rome Ave. NW  
 alb. NM 87109*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*ROBERT BELLO*

C. Date of Delivery

- Yes
- No

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

*OCT 23 2014*

3. Service Type

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

- Restricted Delivery? (Extra Fee)
- Yes
- No

2. Article Number

*(Transfer from servit)*

*7013 2630 0000 3887 1988*

PS Form 3811, July 2013

Domestic Return Receipt

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*M. David Sanchez  
 5010 Carter Ave. NE  
 Suite D18  
 alb. NM 87110*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

*Haley Boyked*

C. Date of Delivery

- Yes
- No

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

3. Service Type

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

- Restricted Delivery? (Extra Fee)
- Yes
- No

2. Article Number

*(Transfer from service label)*

*7013 2630 0000 3887 25*

PS Form 3811, July 2013

Domestic Return Receipt



**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Loren Colone*  
*South Broadway NA*  
*900 John St SE*  
*alb. NM 87102*

2. Article Number

7013 2630 0000 3887 2084

(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *X* *Loren Colone*

Agent  
 Addressee

B. Received by (Printed Name) *Sarah Rebellio*

C. Date of Delivery *Oct 27 2014*

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

3. Service Type

Certified Mail®  
 Registered  
 Insured Mail  
 Priority Mail Express™  
 Return Receipt for Merchandise  
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Judd Claude*  
*Deerborn Action Team*  
*100 Gold St. NW*  
*#204*  
*alb. NM 87102*

2. Article Number

7013 2630 0000 3887 2107

(Transfer from sen

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *X* *Sarah Rebellio*

Agent  
 Addressee

B. Received by (Printed Name) *Sarah Rebellio*

C. Date of Delivery

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

3. Service Type

Certified Mail®  
 Registered  
 Insured Mail  
 Priority Mail Express™  
 Return Receipt for Merchandise  
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

*Lola Bird*  
*Deerborn Action Team*  
*100 Gold St. NW*  
*#204*  
*alb NM 87102*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *X* *Sarah Rebellio*

Agent  
 Addressee

B. Received by (Printed Name) *Sarah Rebellio*

C. Date of Delivery

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

3. Service Type

Certified Mail®  
 Registered  
 Insured Mail  
 Priority Mail Express™  
 Return Receipt for Merchandise  
 Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

7013 2630 0000 3887 2091

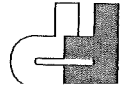
(Transfer from service label)

PS Form 3811, July 2013

Domestic Return Receipt

US POSTAGE

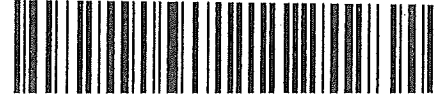
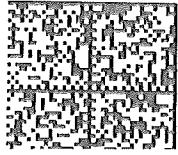
\$ 07.61



Mailed From 87104

10/21/2014

031A 0004180533



7013 2630 0000 3887 1926

Yers, Oliver & Price, P.C.  
101 Central Avenue, NW  
buquerque, New Mexico 87104

UNCLAIMED

Mr. Javier Benavidez  
Barelas Neighborhood Association  
1115 Barelas, SW  
Albuquerque, New Mexico

CERTIFIED MAIL/RRR

25-10-22-14

UNCLAIMED

UNCLAIMED

NAME  
1st Notice 10/21/14  
2nd Notice 11/16  
Return

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

Javier Benavidez  
Barelas N.A.  
1115 Barelas SW  
aab-nm 87102

2. Article Number  
(Transfer from service)

7013 2630 0000 3887 1926

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?  Yes

If YES, enter delivery address below:  No

3. Service Type

Certified Mail®

Priority Mail Express™

Registered

Return Receipt for Merchandise

Insured Mail

Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes