

P 003 195 722

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED  
NOT FOR INTERNATIONAL MAIL

(See Reverse)

PS Form 3800, Feb. 1982

U.S.G.P.O. 1984-446-014

Sent to	Leo Engineering, Inc.	
Street and No.	Box 2966	
P.O., State and ZIP Code	Santa Fe, NM 87504-2966	
Postage	\$	
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt Showing to whom and Date Delivered		
Return receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees	\$	
Postmark or Date	9-19-85 #4 Federal "A" 1322'N-609'E 30-20N-9W NM-0254488	

PS Form 3811, July 1983

**SENDER: Complete items 1, 2, 3 and 4.**

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

- ☒ Show to whom, date and address of delivery.
- ☐ Restricted Delivery.

3. Article Addressed to:  
Leo Engineering, Inc.  
P.O. Box 2966  
Santa Fe, NM 87504-2966

4. Type of Service:	Article Number
<input checked="" type="checkbox"/> Registered <input type="checkbox"/> Insured	P 003 195 722
<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD	
<input type="checkbox"/> Express Mail	

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee  
X *[Signature]*

6. Signature - Agent  
X

7. Date of Delivery  
OCT 1985

8. Addressee's Address (ONLY if registered and fee paid)

DOMESTIC RETURN RECEIPT

RECEIVED  
MAY -2 1986  
OIL CON. DIV.  
DIST. 3