SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature
1. Article Addressed to:	D. Is delivery address different from item 17
Roswell Field Office	
Bureau of Land Managemen	
2909 W. Second Street	
Roswell, NM 88201-2019	3. Service Type G Certified Mail Express Mail Registered Return Receipt for Merchandise Insured Mail C.O.D.
	4. Restricted Delivery? (Extra Fee)
2. Article Number (Transfer from service label) 7002051	0 0003 5125 1624
PS Form 3811, February 2004 Domestic Re	turn Receipt 102595-02-M-1540

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Affidavit of Gail MacQuesten \_\_\_\_\_Case\_14547\_\_\_\_ Exhibit F