

Form 3811, July 1983 447-845 Return Receipt Registered **DOMESTIC RETURN RECEIPT**

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.

- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
Ch Trainer
526 Sanky Mountain Drive
Sunrise Beach Texas 78643

4. Type of Service: Article Number

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<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 *Law H. Smith*

7. Date of Delivery
 3-7-85 *DN*

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

Form 3811, July 1983 447-845 Return Receipt Registered **DOMESTIC RETURN RECEIPT**

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- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
Gordon Herkendall
Box 1217
Albuquerque NM 87103

4. Type of Service: Article Number

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<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 *[Signature]*

7. Date of Delivery

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



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- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
Ralph C McEwain
1430 Powers Circle
Salt Lake City Utah 84117

4. Type of Service: Article Number

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<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 *[Signature]*

7. Date of Delivery

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

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- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
Marvin Kline
PO Box 358
Roswell Mexico 88701

4. Type of Service: Article Number

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured
<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 *[Signature]*

7. Date of Delivery

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

Form 3811, July 1983 447-945 Return Receipt Requested DOMESTIC RETURN RECEIPT

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- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
Smith Collins
Box 2449
Hobbs Meadows 88240

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <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 *Smith Collins*

6. Signature - Agent
 X

7. Date of Delivery
 7/25/83

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

PS Form 3811, July 1983 447-945 Return Receipt Requested DOMESTIC RETURN RECEIPT

● SENDER: Complete items 1, 2, 3 and 4.
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- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
Boston Int'l Water Disposal
PO Box 9370
Midland Texas 79701

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <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

6. Signature - Agent
 X *XOR*

7. Date of Delivery
 7/22/83

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

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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.

- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
Robert Bud Company
Box 637
Hobbs Meadows 88240

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <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 *J. Helen Baker*

6. Signature - Agent
 X

7. Date of Delivery

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

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- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
San Epulacion
San Pedro 600
34 South Rd
Midland Texas 79703

4. Type of Service:	Article Number
<input type="checkbox"/> Registered <input type="checkbox"/> Insured <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

6. Signature - Agent
 X *Bunde Hale - 0 -*

7. Date of Delivery
 7-22-83

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

Form 3811, July 1983 447-945 Return Receipt by Mail DOMESTIC RETURN RECEIPT

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.

- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
Don Chapell
2230 Republic Bank Bldg
Dallas Texas 75201

4. Type of Service: Article Number

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	
<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 *Don Chapell*

6. Signature - Agent
 X

7. Date of Delivery
 2-25-85

8. Addressee's Address (ONLY if requested and fee paid)
 Dallas Texas 75201



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- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
Debrae Gram
P.O. Box 563
Roswell NM 88201

4. Type of Service: Article Number

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	
<input checked="" type="checkbox"/> Certified	<input type="checkbox"/> COD	
<input type="checkbox"/> Express Mail		

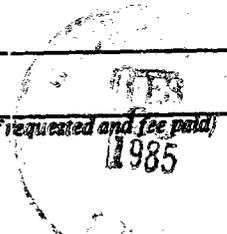
Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature - Addressee
 X *Debrae Gram*

6. Signature - Agent
 X

7. Date of Delivery
 1985

8. Addressee's Address (ONLY if requested and fee paid)
 Roswell NM 88201



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- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
Ebony Duran
Box 1854
Roswell NM 88201

4. Type of Service: Article Number

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	
<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 *Ebony Duran*

6. Signature - Agent
 X 1985

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)
 Roswell NM 88201

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- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
Wells Energy
P.O. Box 1540
Millard NM 89702

4. Type of Service: Article Number

<input type="checkbox"/> Registered	<input type="checkbox"/> Insured	
<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 *Wells Energy*

6. Signature - Agent
 X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and fee paid)
 Millard NM 89702

PS Form 3811, July 1983 447-845 *Return Receipt requested*
DOMESTIC RETURN RECEIPT

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- 1. Show to whom, date and address of delivery.
- 2. Restricted Delivery.

3. Article Addressed to:
*William B. & Dor
3000 N. Garfield #120
Medlark Dept 57105*

4. Type of Service: <input type="checkbox"/> Registered <input checked="" type="checkbox"/> Certified <input type="checkbox"/> Express Mail	<input type="checkbox"/> Insured <input type="checkbox"/> COD	Article Number
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Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
X

6. Signature - Agent
X L D Post

7. Date of Delivery
2 22 85

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

