

No. 619932

RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

SENT TO N.M.O.C.C. Attn: W.A. Gressett		POSTMARK OR DATE
STREET AND NO. Drawer DD		
P.O., STATE AND ZIP CODE Artesia, New Mexico 88210		
OPTIONAL SERVICES FOR ADDITIONAL FEES		
RETURN RECEIPT SERVICES	1. Shows to whom and date delivered 15¢ With delivery to addressee only 65¢	
	2. Shows to whom, date and where delivered .. 35¢ With delivery to addressee only 85¢	
	DELIVER TO ADDRESSEE ONLY 50¢	
	SPECIAL DELIVERY (extra fee required)	
PS Form 3800 Apr. 1971		NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side) * GPO : 1972 O - 460-743

SENDER: Be sure to follow instructions on other side

PLEASE FURNISH SERVICE(S) INDICATED BY CHECKED BLOCK(S)
(Additional charges required for these services)☐ Show address
where delivered☐ Deliver ONLY
to addressee

RECEIPT

Received the numbered article described below

REGISTERED NO. 619932	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in) <i>W.A. Gressett</i>
CERTIFIED NO.	
INSURED NO.	
DATE DELIVERED AUG 7 1975	SHOW WHERE DELIVERED (Only if requested, and include ZIP Code)

RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

SENT TO Commissioner of Public Lands		POSTMARK OR DATE
STREET AND NO. P.O. Box 1148		
P.O., STATE AND ZIP CODE Santa Fe, New Mexico 87501		
OPTIONAL SERVICES FOR ADDITIONAL FEES		
RETURN RECEIPT SERVICES	1. Shows to whom and date delivered 15¢ With delivery to addressee only 65¢	
	2. Shows to whom, date and where delivered .. 35¢ With delivery to addressee only 85¢	
	DELIVER TO ADDRESSEE ONLY 50¢	
	SPECIAL DELIVERY (extra fee required)	
PS Form 3800 Apr. 1971		NO INSURANCE COVERAGE PROVIDED— NOT FOR INTERNATIONAL MAIL (See other side) * GPO : 1972 O - 460-743

No. 619936

SENDER: Be sure to follow instructions on other side

PLEASE FURNISH SERVICE(S) INDICATED BY CHECKED BLOCK(S)
(Additional charges required for these services)☐ Show address
where delivered☐ Deliver ONLY
to addressee

RECEIPT

Received the numbered article described below

REGISTERED NO. 619936	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in) <i>Herman P. Valdez</i>
CERTIFIED NO.	
INSURED NO.	
DATE DELIVERED	SHOW WHERE DELIVERED (Only if requested, and include ZIP Code)