HULE - 7 1992 HULE - 7 1992	P 355 206 0 RECEIPT FOR CERTIFIE NO INSURANCE COVERAGE PROVI NOT FOR INTERNATIONAL MAI (See Reverse)	D MAIL
k.U.S.G.P.O. 1989-234-555	Sent to <u>LMC</u> Futile Stree and No. 2	yr_
3.P.O. 198	P. State and ZIP Code	· 1
y.sn ∞	Postage	S
	Certified Fee	
	Special Delivery Fee	
	Restricted Delivery Fee	
v	Return Receipt showing to whom and Date Delivered	
198	Return Receipt showing to whom. Date, and Address of Delivery	
ů n n	TOTAL Postage and Fees	5
PS Form 3800, June 1985	Postmark or Date	
PS For	PLS = 4	

	P 355 206 09	55			
_	RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)				
	IMC Fertiliger)			
	Street and No. P. D. Bay 71:				
	P.O., State and ZIP Code arlsbad NM 88220				
	Postage	s			
	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	S			
	Postmark or Date 8/4/92 PL5 #2				

P 355 206 062

RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse) Sent to MC 7 Streeband No. Ũ 1

-555	Sent to			
9-234	IMC Herlie	ege_		
0. 198	Sent to <u>JMC</u> <u>Fertiley</u> Streshand No. <u>PID</u> , <u>Bort</u> 71 P.Q. State and ZIP Code Carlsbad NM			
AUS.G.P.O. 1989-234-555				
'nφ	Postage	S		
	Certified Fee			
	Special Delivery Fee			
	Restricted Delivery Fee			
	Return Receipt showing to whom and Date Delivered			
e 198	Return Receipt showing to whom. Date, and Address of Delivery			
, Jun	TOTAL Postage and Fees	S		
PS Form 3800, June 1985	Postmark or Date 8-6-92			
S	PL5#3			

P 355 206 064 RECEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse) NU.S.G.P.O. 1989-234-555 Sent to IMC Strept and No. bor 1 0, P.Q. State and ZIP Code 149822 arlata Postage s Certified Fee Special Delivery Fee **Restricted Delivery Fee** Return Receipt showing to whom and Date Delivered Form 3800, June 1985 Return Receipt showing to whom. Date, and Address of Delivery **TOTAL Postage and Fees** S Postmark or Date K-6-92 б PS PL5=5