P 355 206 063

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

∵U.S.G.P.O. 1989-234-555	Sent to Mc Fertilier		
. 1989-	Stron and No. Boxy 71		
S.G.P.O	P.O. State and ZIP Code NA		
Ü	Postage	\$	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
ıs	Return Receipt showing to whom and Date Delivered		
₹ 198	Return Receipt showing to whom. Date, and Address of Delivery		
PS Form 3800, June 1985	TOTAL Postage and Fees	S	
3800,	Postmark or Date		
-orm	,		
PS	PLS =4		

P 355 206 064

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)

234-555	Sent to IMC Feeteling, Inc		
∵U.S.G.P.O. 1989-234-	Street and No. Soul 71		
S.G.P.O	P.O. State and ZIP Code	98220	
J	Postage	S	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
10	Return Receipt showing to whom and Date Delivered		
PS Form 3800, June 1985	Return Receipt showing to whom, Date, and Address of Delivery		
Jun,	TOTAL Postage and Fees	S	
3800	Postmark or Date		
orm	· .		
PS F	PL5#5		

P 355 206 055

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL

(See Reverse)

и U.S.G.P.O. 1989-234-555	Street and No. Ban 7/2		
S.G.P.O.	P.O. State and ZIP Code arlsbal NM 88220		
'n	Postage	S	
	Certified Fee		
	Special Delivery Fee		
	Restricted Delivery Fee		
15	Return Receipt showing to whom and Date Delivered		
3 198	Return Receipt showing to whom Date, and Address of Delivery		
June ,	TOTAL Postage and Fees	S	
PS Form 3800, June 1985	Postmark or Date 8/492 PL5 #2		

P 355 206 062

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED NOT FOR INTERNATIONAL MAIL (See Reverse)

ю.	(See neverse)					
234-55	Sent to Tertil	un				
. 1989-	Street and No. Boul 71	0				
¢ U.S.G.P.O. 1989-234-555	P.O. State and ZIP Code NM					
₽U.	Postage	S				
	Certified Fee					
2 Form 3800, June 1985	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				
3800	Postmark or Date 8-6-92					
Form						
S I	0, -#>					