

P 402 179 566



Receipt for Certified Mail

No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

| | |
|---|----|
| Sent to <i>Walt Thayer / IMC Fer</i> | |
| Street and No. <i>P.O. Box 71</i> | |
| P.O. State and ZIP Code <i>Carlsbad, NM 88220</i> | |
| Postage | \$ |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, and Addressee's Address | |
| TOTAL Postage & Fees | \$ |
| Postmark or Date <i>6-26-92</i> | |
| <i>Adeline "ALN" #1-12</i> | |

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number.
- The Return Receipt will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

*Mr. Walt Thayer
Imc Fertilizer, INC.
P.O. Box 71
Carlsbad, NM 88220*

4a. Article Number

P402 179 566

4b. Service Type

- | | |
|---|---|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured |
| <input checked="" type="checkbox"/> Certified | <input type="checkbox"/> COD |
| <input type="checkbox"/> Express Mail | <input type="checkbox"/> Return Receipt for Merchandise |

7. Date of Delivery

6-29-92

5. Signature (Addressee)

6. Signature (Agent)

Adeline "ALN" #1-12

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

Adeline "ALN" #1-12

Thank you for using Return Receipt Service.

PS Form 3800, June 1991