ET 6. Signature (Agent)	IMC Fertilizer, Inc. P.O. Box 71 Carlisbad, New Mexico 88220	plete Mr. Walt Thaver	 Attach this form to the front of the mailpiece, or on the back if space te - 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 	 Generation SENDER: Gomplete 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 be return this card to you.
8. Addressee's Address (Only if requested and fee is paid) Adeline ALN #13,14,15,16, Factorial and #17	4b. Service Type Registered Insured Certified COD Fxnress Mail Return Receipt for Nerchandise 7. Date of Defivery	4a. Article Number P 083 929 689	ate	I also wish to receive the following services (for an extra

.

• .

	Receipt for Certified I No Insurance C	29 689 Or Mail Coverage Provided International Mail	,
	Sent to Mr. Walt Thay Street and No IMC Fertilize P.O. State and ZIP Code P.O. Carlsbad, New Postage	er, Inc. Box 71	
191	Certified Fee Special Jenniny Fee Restricted Detivery Fee Rinturn Receipt Showing		
PS Form 3800, June 1991	to Whom & Date Delivered Beiturn decept Showing to Whom, Date and Addressee's Address HOTAL Postage & Lees Postmark or Date Adeline "ALN"	\$ #13-17	
PS Fo			

N,

.

T