ls y	our <u>R</u> l	ETURI	V AD	DRESS	com	plet	ed	on the	rev	erse/	side	?
PS Form 3811, December 1991 +U.S. GPO: 1992-323-402	6. (Signature (Agent)	5. Signature (Addressee)		Carlsbad, New Mexico 88220	IMC Fertilizer, Inc.	Mr. Walt Thaver	3. Article Addressed to:	 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. 	 Attach this form to the front of the mailpiece, or on the back if space does not permit. 	 Print your name and address on the reverse of this form so that we can return this card to you. 	SENDER: • Complete items 1 and/or 2 for additional services.	
402 DOMESTIC RETURN RECEIPT	Adeline ALN #13,14,15,16, F	8. Addressee's Address (Only if requested and fee is paid)	/	Express Mail	Type Insured	P 083 929 689		and the date Consult postmaster for fee.	1. Addressee's Address	following services (for an extra ext	I also wish to receive the	

P 083 929 689



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

	12 20 110 10100								
	Sent to Mr. Walt Thayer								
	Street and No IMC Fertilizer, Inc.								
	P.O. State and ZiP Code P.O. Box 71								
	Fostage Carlsbad, New	 Mexico 80 \$	32:						
	Certified Fee								
	Special Colvery Heal								
June 1991	Restricted Delivery Fee								
	Return Beceipt Snowing to Whom & Date Delivered								
	Return Receipt Showing to Whom, Ditter and Addressee's Address								
	TOTAL Postage & Fees	\$							
m 3000,	Postmark of Date Adeline "ALN"	#13-17							

