

P 402 179 566



Receipt for Certified Mail

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

| | |
|---|----------------|
| Sent to <u>Walt Thayer / IMC Fer</u> | |
| Street and No. <u>P.O. Box 71</u> | |
| P.O. State and ZIP Code <u>Carlsbad, NM 88220</u> | |
| 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 | <u>6-26-92</u> |
| <u>Adeline "ALN" #1-12</u> | |

PS Form 3800, June 1991

Thank you for using Return Receipt Service.

| | | | |
|---|--|---|--|
| 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): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee. | |
| 3. Article Addressed to: <u>Mr. Walt Thayer</u> <u>Imc Fertilizer, INC.</u> <u>P.O. Box 71</u> <u>Carlsbad, NM 88220</u> | | 4a. Article Number <u>P402 179 566</u> | |
| | | 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 <u>6-29-92</u> | |
| 5. Signature (Addressee) | | 8. Addressee's Address (Only if requested and fee is paid) <u>Adeline "ALN" #1-12</u> | |
| 6. Signature (Agent) <u>Adeline "ALN" #1-12</u> | | | |