

P 402 179 566



Receipt for Certified Mail

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

Sent to <i>Walt Thayer / IMC</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>	

Form 3800, June 1991

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