

P 402 179 566



# Receipt for Certified Mail

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

|   |                |
|---|----------------|
| Sent to<br><i>Walt Thayer / IMC Fe.</i>                       |                |
| Street and No.<br><i>P.O. Box 71</i>                          |                |
| P.O. State and ZIP Code<br><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>                                    |                |

PS Form 3800, June 1991

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.