

P 083 929 689



Receipt for Certified Mail

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

| | |
|---|----|
| Sent to | |
| Mr. Walt Thayer | |
| Street and No | |
| IMC Fertilizer, Inc. | |
| P.O., State and ZIP Code | |
| P.O. Box 71 Carlsbad, New Mexico 88220 | |
| 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 | |
| Adeline "ALN" #13-17 | |

1661 surr 0080 38C PS Form

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):

1. Addressee's Address

2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:

Mr. Walt Thayer
IMC Fertilizer, Inc.
P.O. Box 71
Carlsbad, New Mexico 88220

4a. Article Number

P 083 929 689

4b. Service Type

Registered Insured

Certified COD

Express Mail Return Receipt for Merchandise

7. Date of Delivery

10/23/92

8. Addressee's Address (Only if requested and fee is paid)

Adeline ALN #13, 14, 15, 16, and #17

5. Signature (Addressee)

Walt Thayer

6. Signature (Agent)

PS Form 3811, December 1991 *U.S. GPO: 1992-323-402

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.