

P 612 458 178

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

★ U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

| | |
|---|----|
| Sent to Fannie Lee Mitchell, Inc. | |
| Street and No. Box 1327 | |
| P.O., State and ZIP Code Lovington, N.M. 88260 | |
| Postage | \$ |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to whom and Date Delivered | |
| Return receipt showing to whom, Date, and Address of Delivery | |
| TOTAL Postage and Fees | \$ |
| Postmark or Date | |

PS Form 3811, July 1983 447-845

| | |
|--|---|
| <p>● SENDER: Complete items 1, 2, 3 and 4.</p> <p>Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.</p> | |
| <p>1. <input checked="" type="checkbox"/> Show to whom, date and address of delivery.</p> <p>2. <input type="checkbox"/> Restricted Delivery.</p> | |
| <p>3. Article Addressed to: Fannie Lee Mitchell, Inc. Box 1327 Lovington, New Mexico 88260</p> | |
| <p>4. Type of Service:</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail</p> | <p>Article Number</p> <p>P 612 458 178</p> |
| <p>Always obtain signature of addressee or agent and DATE DELIVERED.</p> | |
| <p>5. Signature - Addressee X <i>Shuley Choate</i></p> | |
| <p>6. Signature - Agent X</p> | |
| <p>7. Date of Delivery</p> | |
| <p>8. Addressee's Address (Only if requested and fee paid)</p> | |

DOMESTIC RETURN RECEIPT

