

Is your RETURN ADDRESS completed on the reverse side?

SENDER:

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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:

UMEX, INC.
P.O. Drawer 1517
Roswell, NM 88201

4a. Article Number
Z 559 572 869

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)
CHANDICE BAYLEA

6. Signature: (Addressee or Agent)
X *Chandice Baylea*

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

Thank you for using Return Receipt Service.

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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:

Attention: Jim Hartman
Fidelity Insurance Agency
P.O. Box 1240
Roswell, NM 88201

4a. Article Number
Z 559 572 866

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery

5. Received By: (Print Name)
J. Hartman

6. Signature: (Addressee or Agent)
X *J. Hartman*

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

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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:

United States Fidelity &
Guaranty Company
San Pedro Park - Suite 102
2201 San Pedro Drive, NE
Albuquerque, NM 87110

4a. Article Number
Z 559 572 881

4b. Service Type

☐ Registered ☒ Certified
☐ Express Mail ☐ Insured
☐ Return Receipt for Merchandise ☐ COD

7. Date of Delivery
5-26-00

5. Received By: (Print Name)
John Sures

6. Signature: (Addressee or Agent)
X *John Sures*

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

Thank you for using Return Receipt Service.