

P 204 644 087
RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
 NOT FOR INTERNATIONAL MAIL
 (See Reverse) *10/27/81*

SENT TO		<i>Commissioner of Public Health</i>	
STREET AND NO.		<i>Box 1148</i>	
P.O., STATE AND ZIP CODE		<i>Alente Fe, N.M. 87501</i>	
POSTAGE		\$	
CONSULT POSTMASTER FOR FEES	CERTIFIED FEE		c
	SPECIAL DELIVERY		c
	RESTRICTED DELIVERY		c
	OPTIONAL SERVICES		
	RETURN RECEIPT SERVICE		
	SHOW TO WHOM AND DATE DELIVERED	<input checked="" type="checkbox"/>	c
	SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY		c
	SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY		c
	SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		c
TOTAL POSTAGE AND FEES		\$	
POSTMARK OR DATE			

PS Form 3800, Apr. 1976

RECEIVED

OCT 28 1982

O.C.D.
HOBBS OFFICE