P 045 800 682

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

Joel M Carson II
PO Box 239
Artesia NM 88210

Postage	$ 29
Certified Fee	100
Special Delivery Fee	
Restricted Delivery Fee	100
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$2.29
Postmark or Date	Graham #1 5-11-93

PS Form 3800, June 1991

Fold at line over top of envelope to the right of the return address

CERTIFIED

P 045 800 682

MAIL

P 045 800 754

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

Mary Louise Carson
815 W. Avenue A
Lovington NM 88260

Postage	$ 29
Certified Fee	100
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	100
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$ 2.29
Postmark or Date	Graham #1 5-11-93

PS Form 3800, June 1991

Fold at line over top of envelope to the right of the return address

CERTIFIED

P 045 800 754

MAIL

P 045 800 683

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

Cynthia Duchatschek
28 Starboard Drive
Crystal City MO 63019

Postage	$ 29
Certified Fee	100
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	100
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	$ 2.29
Postmark or Date	Graham #1 5-11-93

PS Form 3800, June 1991

Fold at line over top of envelope to the right of the return address

CERTIFIED

P 045 800 683

MAIL

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 Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:
Joel M. Carson II
P.O. Box 239
Artesia NM 88210

4a. Article Number P 045 800 682

4b. Service Type
☐ Registered ☐ Insured
■ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

PS Form 3811, November 1990 * U.S. GPO 1991—287-088 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

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 Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:
Mary Louise Carson
815 W. Avenue A
Lovington NM 88260

4a. Article Number P 045 800 754

4b. Service Type
☐ Registered ☐ Insured
■ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

PS Form 3811, November 1990 * U.S. GPO 1991—287-088 **DOMESTIC RETURN RECEIPT**

Thank You for using Return Receipt Service.

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 Fee will provide you the signature of the person delivered to and the date of delivery.

3. Article Addressed to:
Cynthia P. Duchatschek
28 Starboard Drive
Crystal City MO 63019

4a. Article Number P 045 800 683

4b. Service Type
☐ Registered ☐ Insured
■ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

6. Signature (Agent)

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

I also wish to receive the following services (for an extra fee):
1. ☐ Addressee's Address
2. ☐ Restricted Delivery
Consult postmaster for fee.

PS Form 3811, November 1990 * U.S. GPO 1991—287-088 **DOMESTIC RETURN RECEIPT**

Thank You for using Return Receipt Service.