

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

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. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge)
 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
 William A. Hudson
 616 Texas Street
 Fort Worth, Texas 76102

4. Article Number
 P 143 463 011

Type of Service:
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Address
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 OCT 23 1991

8. Addressee's Address (ONLY if registered and fee paid)

PS Form 3811, Mar. 1985 * U.S.G.P.O. 1985-212-865 DOMESTIC RETURN RECEIPT

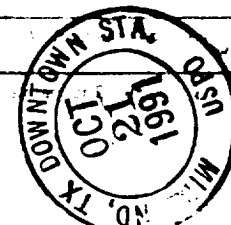
P 143 463 011
 RECEIPT FOR CERTIFIED MAIL
 NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES
 See Reverse

William A. Hudson
 616 Texas Street
 Fort Worth, Texas 76102

.98
 1.00

1.00

PS Form 3800, June 1985



2.98

SENDER: Complete Items 1 and 2 when additional services are desired, and complete Items 3 and 4.

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. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. (Extra charge)
 2. ☐ Restricted Delivery (Extra charge)

3. Article Addressed to:
 Harvey E Yates
 P O Box 1933
 Roswell New Mexico 88202

4. Article Number
 P-576 722 914

Type of Service:
☒ Registered ☐ Insured
☐ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and **DATE DELIVERED**.

5. Signature - Address
 X

6. Signature - Agent
 X *[Signature]*

7. Date of Delivery
 10-15-91

8. Addressee's Address (ONLY if registered and fee paid)

PS Form 3811, Mar. 1985 * U.S.G.P.O. 1985-212-865 DOMESTIC RETURN RECEIPT

P-567 722 914
 PT FOR CERTIFIED MAIL
 NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES
 See Reverse

U.S.G.P.O. 153-506

Sent to
 Harvey E Yates

Street and No.
 P O Box 1933

P.O. State and ZIP Code
 Roswell New Mexico 88202

Postage
 .98

Certified Fee
 1.00

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing to whom and Date Delivered
 1.00

Return Receipt showing to whom Date and Address of Delivery

TOTAL Postage and Fees
 2.98

Postmark or Date

PS Form 3810, June 1985

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