

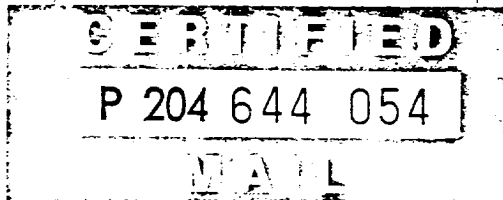
P 204 644 054  
 RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

SENT BY *Office of Land Commission*  
*State of New Mexico*  
 STREET AND NO. *P.O. Box 1148*  
 CITY, STATE AND ZIP CODE *Santa Fe, New Mexico 87501*

POSTAGE	\$
CERTIFIED FEE	c
SPECIAL DELIVERY	c
REGISTERED DELIVERY	c
OPTIONAL SERVICES	
RETURN RECEIPT SERVICE	c
SHOW TO WHOM AND DATE DELIVERED	c
SHOW TO WHOM DATE AND ADDRESS OF DELIVERY 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



PS Form 3811, Jan. 1976

● SENDER. Complete items 1, 2, and 3.  
 Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one.)  
☒ Show to whom and date delivered..... c  
☐ Show to whom, date and address of delivery..... c  
☐ RESTRICTED DELIVERY  
 Show to whom and date delivered..... c  
☐ RESTRICTED DELIVERY.  
 Show to whom, date, and address of delivery. \$ \_\_\_\_

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:  
*Office of Land Commission*  
*State of New Mexico*  
*P.O. Box 1148*  
*Santa Fe, New Mexico 87501*

3. ARTICLE DESCRIPTION:  
 REGISTERED NO. CERTIFIED NO. INSURED NO.  
*P264644054*

(Always obtain signature of addressee or agent)

I have received the article described above  
 SIGNATURE ☐ Addressee ☐ Authorized agent

4. DATE OF DELIVERY POSTMARK

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL