

P 296 959 235

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

Sent to
DH-Mr. Randy Foote
Mississippi Chemical Corp.

Street and No.
P. O. Box 101

P.O. State and ZIP Code
Carlsbad, NM 88220

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing
to whom and Date Delivered

Return Receipt showing to whom
Date and Address of Delivery

TOTAL Postage and Fees \$

Postmark or Date

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

CERTIFIED

P 296 959 235

MAIL

PS Form 3811, July 1983 447-845

● **SENDER: Complete items 1, 2, 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 service(s) requested.

- ☒ Show to whom, date and address of delivery.
- ☐ Restricted Delivery.

3. Article Addressed to:
Mississippi Chemical Corporation
P. O. Box 101
Carlsbad, New Mexico 88220
Attn: Mr. Randy Foote

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD P 296 959 235
☐ Express Mail

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and for paid)

DOMESTIC RETURN RECEIPT

P 296 959 234

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

DH-Mr. James F. Brewer

Sent to
Noranda Exploration

Street and No.
P. O. Drawer 159

P.O. State and ZIP Code
Lithia, FL 33547

Postage \$

Certified Fee

Special Delivery Fee

Restricted Delivery Fee

Return Receipt showing
to whom and Date Delivered

Return Receipt showing to whom
Date and Address of Delivery

TOTAL Postage and Fees \$

Postmark or Date

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

CERTIFIED

P 296 959 234

MAIL

PS Form 3811, July 1983 447-845

● **SENDER: Complete items 1, 2, 3 and 4.**
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- ☒ Show to whom, date and address of delivery.
- ☐ Restricted Delivery.

3. Article Addressed to:
Noranda Exploration
P. O. Drawer 159
Lithia, Florida 33547
Attn: Mr. James F. Brewer

4. Type of Service: Article Number
☐ Registered ☐ Insured
☒ Certified ☐ COD P 296 959 234
☐ Express Mail

Always obtain signature of addressee or agent and
DATE DELIVERED.

5. Signature - Addressee

X

6. Signature - Agent

X

7. Date of Delivery

8. Addressee's Address (ONLY if requested and for paid)

DOMESTIC RETURN RECEIPT

RECEIVED
MAY 1 1987
HEDAS OGD