P 296 959 235

RECEIPT FOR CERTIFIED MAIL

NO NEURANCE DOVERAGE PROVIDED -

_	H-Mr. Randy Foote		
0.794	Mississippi Chemic Mississippi Chemic	al Corp.	
★ U.S.G.P.O. 1985-480-794	Street and No. P. O. Box 101		
0.	PO State and ZIP Code Carlsbad, NM 88220		
U.S.G	Postage	5	
*	Centred Fee		
	Special Derivery Fee		
	Restricted Dervery Fee		
	Return Recent showing to whom and 0 ite Desvered		
PS Form 3800, June 1985	Return Receipt showing to whom Date, and Address of Dervery		
June	TOTAL Postage and Fees	5	
3800,	Projection of Date		
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PS F			
	Fold at line over top of envelope of the return address.	to the night	
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	CENTIFIE		
e	P 296 959	235	
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P 296 959 234

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED

# U.S.G.P.O. 1985-480-794	Mr. JamesSee Aderewer Sent to Noranda Exploration			
1985	P. 0. Drawer 159			
0	PO State and ZIP Code Lithia, FL 33547			
U.S.G	Postage	5		
*	Certified Fee			
	Special Delivery Fee			
PS Form 3800, June 1985	Restricted Delivery Fee			
	Return Receipt showing to whom and Date Delivered			
	Return Receipt showing to whom Cate, and Address of Delivery			
June	To TALIT Valuages and Flees	i i		
3800	Postmirk or Date			
E IO		20 E. C.		
PS F	1			
	Fold at line over top of envelope of the return address	e to the right		
	OFDTIFIE	·D		

P 296 959 234

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. Feilure 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 end the date of delivery. For additional fees the following services are available. Consult postmaster for fees end check box(es) for service(s) requested.			
983 447	 Show to whom, date and address of delivery. Restricted Delivery. 			
845	3. Article Addressed to: Mississippi Chemical Corporation P. 0. Box 101 Carlsbad, New Mexico 88220 Attn: Mr. Randy Foote 4. Type of Service: Article Number			
	Registered I Insured P 296 959 235 Express Mail			
	Always obtain signature of addressee or agent and DATE DELIVERED.			
	5. Signature – Addressee			
DOMESTIC R	6. Signature - Agent X 7. Date of Delivery			
RETURN	8. Addresse's Address (ONLY If requested and fee paid)			
N RECEIP				

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.

- 1. \square Show to whom, date and address of delivery.
- 2.

 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 Express Meil	P 296 959 234		
Always obtain signature of addresses or agent and DATE DELIVERED.				
	Signature - Addressee			
X				
6.	Signature - Agent			
X				
-	Date of Delivery			

ETURN RECEIPT

447-845

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8. Addresses's Address (ONLY if requested and fee paid)

May 1947