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 the return this card to you.	A Liverage A delegate
 Attach this form to the front of the mailpiece, or on the back 	if space 1 Addressee s Address
does not permit. Write "Return Receipt Requested" on the mailpiece below the art The Return Receipt Fee will provide you the signature of the pers	ticle number. 2. Restricted Delivery
to and the data of delivery. 3. Article Addressed to:	4a. Article Number
	P 045 808 096
New Mexico Potash Co.	4b. Service Type Insured
P.O. Box 610	☐ Registered ☐ Insured ☐ COD
Hobbs, NM 88240	Express Mail Return Receipt for Merchandise
	7. Date of Delivery
5. Signature (Addressee) 1-26-93	8. Addressee's Address (Only if requested and fee is paid)
8 Standay (Agent)	
PS Form 3R11 November 1890 * u.s. 990: 1991-8	17-000 DOMESTIC RETURN RECEIPT
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