

SENDER: <ul style="list-style-type: none"> • 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 that we can return this card to you. • Attach this form to the front of the mailpiece, or on the back if space does not permit. • Write "Return Receipt Requested" on the mailpiece below the article number. • The Return Receipt Fee will provide you the signature of the person delivered to and the date of delivery. 		I also wish to receive the following services (for an extra fee): 1. <input type="checkbox"/> Addressee's Address 2. <input type="checkbox"/> Restricted Delivery Consult postmaster for fee.	
3. Article Addressed to: New Mexico Potash Co. P.O. Box 610 Hobbs, NM 88240		4a. Article Number P 045 808 096 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise 7. Date of Delivery	
5. Signature (Addressee) <i>[Signature]</i>		8. Addressee's Address (Only if requested and fee is paid)	
6. Signature (Agent) <i>[Signature]</i>			
PS Form 3811, November 1990 * U.S. GPO: 1991-227-088 DOMESTIC RETURN RECEIPT			

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3. Article Addressed to: Bureau of Land Management P.O. Box 1778 Carlsbad, NM 88221		4a. Article Number P 045 808 094 4b. Service Type <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise 7. Date of Delivery	
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