CENDED			
SENDER:		I also wish to receive the	
• Complete items 1 and/or 2 for additional services. • Complete items 3, and 4a & b.	٠.,	following services (for an extra	
Principle (terms 5, and 42 b.)	at we can	fee):	<u>Vic</u>
Attack the front of the mailpiece, or on the back does not permit.	if space	1. Addressee's Address	Return Receipt Service
Write "Return Receipt Requested" on the mailpiece below the art	icle number.	2. Restricted Delivery	ğ
 The Return Receipt will show to whom the article was delivered a delivered. 	ind the date		CB
3. Article Addressed to:	Δa Δrt	Consult postmaster for fee.	æ
J. Article Addresses to		P 144 900 643	Ε
Mr. Dick Manus			ž
U.S. Dept. of the Interior		vice Type stered	æ
	☐ Cert		g
Bureau of Land Management	I = -	A Section Secretary	using
P.O. Box 1778	L Expr	es Mai Merchandise	=
Carlsbad, NM 88220	7. Date	Deliver	for
	1	1,000	õ
5. Signature (Addressee)	8. Add	Address (Only if requested	× ~
	and	techis (praid)	hank you
6. Signature (Agent)	1	STHAD	Ĕ.
Setta Sull			•
PS Form 3811, December 1.991 #U.S.GPO: 1992 323	H402 D	OMESTIC RETURN RECEIPT	
•	D(SIMESTIC RETURN RECEIPT	
TOTAL Pistage	the second of		
Postman Postman			
To the state of th			
ν			
De la Si		· · · · · · · · · · · · · · · · · · ·	-
SENDER:,			
 Complete items 1 and/or 2 for additional services. 		I also wish to receive the	
Complete items 3, and 4a & b.		I also wish to receive the following services (for an extra-	
 Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the 	et we can 🧃	l	vice.
 Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this are to you. 		l	ervice.
Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this section you. Attach this form to the front of the mailpiece, or on the back it is committed.	f space	following services (for an extra fee): 1. Addressee's Address	t Service.
Print your name and address on the reverse of this form so the reverse of this form to the front of the mailpiece, or on the back in the remails of the reverse of this form so the reverse of the r	f space	following services (for an extra fee): 1. Addressee's Address	
Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return in the second you. Attach this form to the front of the mailpiece, or on the back in the remainder of the mailpiece below the art. Write "Return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered a delivered.	f space cle number. nd the date	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee.	
Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this control of the front of the mailpiece, or on the back in the form to the front of the mailpiece below the art. Write "Return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered a	f space cle number. nd the date	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery	n Receipt Service.
Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return the you. Attach this form to the front of the mailpiece, or on the back it will be the remit. Write "Return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to:	f space cle number. nd the date	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number	n Receipt
Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this row you. Attach this form to the front of the mailpiece, or on the back is more remit. Write "Return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to: Ernie Szabo	f space cle number. nd the date 4a. Arti	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number P 144 900 634 vice Type	n Receipt
Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this form to the front of the mailpiece, or on the back in the work of the mailpiece below the art. Write "Return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered a delivered. Article Addressed to: Ernie Szabo New Mexico State Land Office	f space cle number. nd the date 4a. Arti 4b. Ser	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. cle Number P 144 900 634 vice Type	Return Receipt
Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this row you. Attach this form to the front of the mailpiece, or on the back is more remit. Write "Return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to: Ernie Szabo	f space cle number. nd the date 4a. Arti	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. cle Number P 144 900 634 vice Type	Return Receipt
Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return this form to the front of the mailpiece, or on the back in the work of the mailpiece below the art. Write "Return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered a delivered. Article Addressed to: Ernie Szabo New Mexico State Land Office	f space icle number. Ind the date 4a. Arti 4b. Ser Regis	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. cle Number P 144 900 634 vice Type	Return Receipt
Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return that a you. Attach this form to the front of the mailpiece, or on the back in the return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered a delivered. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148	f space cle number. nd the date 4a. Arti 4b. Ser Regis X Certi	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. cle Number P 144 900 634 vice Type	Return Receipt
Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return that a you. Attach this form to the front of the mailpiece, or on the back in the return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered a delivered. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148	f space cle number. nd the date 4a. Arti 4b. Ser Regis X Certi	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. cle Number P 144 900 634 vice Type	Return Receipt
Complete items 3, and 4a & b. Print your name and address on the reverse of this form so the return that a you. Attach this form to the front of the mailpiece, or on the back in the return Receipt Requested" on the mailpiece below the art. The Return Receipt will show to whom the article was delivered a delivered. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148	f space cle number. nd the date 4a. Arti 4b. Ser Regis Certi Expre 7. Date	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. cle Number P 144 900 634 vice Type	Return Receipt
• Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return trip. • Write "Return Receipt Requested" on the mailpiece below the art • Write "Return Receipt will show to whom the article was delivered adelivered. 3. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504	f space cle number. nd the date 4a. Arti 4b. Ser Regis Certi Expre 7. Date	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. cle Number P 144 900 634 vice Type	Return Receipt
• Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return trip. • Write "Return Receipt Requested" on the mailpiece below the art • Write "Return Receipt will show to whom the article was delivered adelivered. 3. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504	f space cle number. nd the date 4a. Arti 4b. Ser Regis Certi Expre 7. Date	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. cle Number P 144 900 634 vice Type	n Receipt
• Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this series you. • Attach this form to the front of the mailpiece, or on the back is commit. • Write "Return Receipt Requested" on the mailpiece below the art. • The Return Receipt will show to whom the article was delivered a selivered. 3. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504	f space cle number. nd the date 4a. Arti 4b. Ser Regis Certi Expre 7. Date	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. cle Number P 144 900 634 vice Type	Return Receipt
• Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return that you. • Attach this form to the front of the mailpiece, or on the back is commit. • Write "Return Receipt Requested" on the mailpiece below the art. • The Return Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504	f space icle number. Ind the date 4a. Arti 4b. Ser Regis Certi Expre 7. Date 8. Addr and	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number P 144 900 634 vice Type stered Insured fied COD ess Mail Return Receipt for pMerchandise of Delivery TUN essee's Address (Only if requested fee is paid)	Return Receipt
• Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this series you. • Attach this form to the front of the mailpiece, or on the back is commit. • Write "Return Receipt Requested" on the mailpiece below the art. • The Return Receipt will show to whom the article was delivered a selivered. 3. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504	f space icle number. Ind the date 4a. Arti 4b. Ser Regis Certi Expre 7. Date 8. Addr and	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. cle Number P 144 900 634 vice Type	Return Receipt
• Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this serve you. • Attach this form to the front of the mailpiece, or on the back it is remit. • Write "Return Receipt Requested" on the mailpiece below the art. • The Return Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504 5. Signature (Addressee) Mark Linkle 6. Signature (Agent)	f space icle number. Ind the date 4a. Arti 4b. Ser Regis Certi Expre 7. Date 8. Addr and	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number P 144 900 634 vice Type stered Insured fied COD ess Mail Return Receipt for pMerchandise of Delivery TUN essee's Address (Only if requested fee is paid)	Return Receipt
• Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return this serve you. • Attach this form to the front of the mailpiece, or on the back it is remit. • Write "Return Receipt Requested" on the mailpiece below the art. • The Return Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504 5. Signature (Addressee) Mark Linkle 6. Signature (Agent)	f space icle number. Ind the date 4a. Arti 4b. Ser Regis Certi Expre 7. Date 8. Addr and	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number P 144 900 634 vice Type stered Insured fied COD ess Mail Return Receipt for pMerchandise of Delivery TUN essee's Address (Only if requested fee is paid)	Return Receipt
• Complete items 3, and 4a & b. • Print your name and address on the reverse of this form so the return that a value. • Attach this form to the front of the mailpiece, or on the back it is committed. • Write "Return Receipt Requested" on the mailpiece below the art. • The Return Receipt will show to whom the article was delivered a delivered. 3. Article Addressed to: Ernie Szabo New Mexico State Land Office P.O. Box 1148 Santa Fe, NM 87504 5. Signature Addressee) Mark Lando 6. Signature (Agent)	f space icle number. Ind the date 4a. Arti 4b. Ser Regis Certi Expre 7. Date 8. Addr and	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number P 144 900 634 vice Type stered Insured fied COD ess Mail Return Receipt for pMerchandise of Delivery TUN essee's Address (Only if requested fee is paid)	Return Receipt

and the second s		receive the	
mag a line		I also wish to receive the ollowing services (for an extra	
	1	allowing service	\$
Complete items 1 and/or 2 for additional services. Complete items 3, and 4s & b. Complete items 3, and 4s & b.	Can !	fee): Address on	
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that the print your name and address on the mailpiece, or on the back in the services.	f Me com	feel: 1. Addressee's Address 1. Addressee's Address	
Complete items 1 and/or 2 & b. Complete items 3, and 4s & b. Complete items 3, and 4s & b. Print your name and address on the reverse of this form so the front of the mailpiece, or on the back of the front of the mailpiece below the arms at the form to the front of the mailpiece below the arms and the front of the mailpiece below the arms and the front of the mailpiece below the arms arms and addressed.	space	1. Addressee \$ 7. 2. Restricted Delivery 3. 2. Restricted Delivery 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3. 3.	
Print your name and additional print your name and your name	mber	2. Restricted for fee.	
Print your name and eturn time to the mailpiece, or on the eturn time to the form to the front of the mailpiece, or on the article was delivered. Write "Return Receipt Requested" on the article was delivered. The Return Receipt will show to whom the article was delivered.	and the date	2. Restricted Consult postmaster for fee.	
Attach this identification on the malipleco was delivered	and the		
Write "Return Receipt Requested Write "Return Receipt will show to whom the article was a second will show the second will s	4a. Art	Consult postmastor icle Number P 144 900 630	
• The Return Nector	\		
delivered. 3. Article Addressed to:	~ ~	ervice Type Insured COD Company for	? =
	: Reg		ŝ
Randy Foote Mississippi Chemical Corp. 1996 Potash Mine Rd.	X Ce	rtified Return Heceipt	10
Randy Foote Mississippi Chemical Corp. Mississippi Mine Rd.	".	press III	5
Mississippi Mine Rd. 1996 Potash Mine Rd.	<u> </u>	ere of Delivery	you
Carlsbad, NM 88220	1.0	Addressee's Address (Only if requested fee is paid)	ank
Carlsbad, NM	1	Addressee's Address (Unity III	hai
	8. 4	Addressee of aid) and fee is paid)	-
Adressee)	· 1		•
5. Signature (Addressee) 6. Signature (Agent) 6. Signature (Agent) 6. Signature (Agent)			=
15	. \	DOMESTIC RETURN RECEIP	<u></u>
6. Signature (Agent)	323-402	DOWESTIO	<u>*</u>
1991 AUS. GPO: 1	992	The second secon	
PS Form (3811, December 1991			
L. I & Fees			
Postmark of Date NION A		t was	
8 700			
SNAJOO			
EI			
U S	L		
å			
		•	+
SENDER:			•
 Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. 		I also wish to receive the	
Print your name and address on the roughest at the	hat wa aas	f following	
		fee):	
Attach this form to the front of the mailpiece, or on the back-		1. Addressee's Address	
• The Return Receipt Requested" on the mailpiece below the a	rticle number.		
elivered.	and the date	2. Restricted Delivery	
3. Article Addressed to:	142 4-4	Consult postmaster for fee.	
		cle Number	
Scharbauer Cattle Company		P 144 900 631	
P.O. Box 1471	4b. Ser	fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number: P 144 900 631 vice Type Stered Delivery	
M: 37	Regis	Linguien	
Midland, TX 79701-1471	☐ Certi	·= · · · · · · · · · · · · · · · · · ·	
•	☐ Expre	ess Mail Return Receipt for	
\bigcirc . \land \land \land	7. Date	of Delivery o	
Kudy Vehring		JUN 2 1 1993	
. Signature (Addlessee)	Q Add	2000	
y of The	ı ö. Addre	essee's Address (Only if requested 👱	
<i>\</i>	and f		
Signature (Agent)	and f	ee is paid)	
. Signature (Agent)	and f	of Delivery 2 1 1993 essee's Address (Only if requested ee is paid)	
Signature (Agent)	and t	ee is baild)	
. Signature (Agent) S Form 3811 , December 1991	and t		
S Form 3811, December 1991 &U.S. GPO: 1992—323	and t	MESTIC RETURN RECEIPT	
5 Form 3811, December 1991 ★U.S. GPO: 1992—323	and t		
S Form 3811 , December 1991 &U.S. GPO: 1992—323	and t		

PS Form 3800, . .

in the second property of the second	At the second se
SENDER:	I also wish to receive the
• Complete items 1 and/or 2 for additional services.	
a	Tollowing services from an exert O
Tim your name an address on the reverse of this form so that	following services (for an extra
	f space 1. Addressee's Address
A print form to the front of the mailpiece, or on the back-it	
does not permit. Write "Return Receipt Requested" on the mailpiece below the arti-	cle number. 2. Restricted Delivery
Write "Return Receipt Requested on the manipose says delivered at The Return Receipt will show to whom the article was delivered at	Consult postmaster for fee.
delivered.	Consuit postmaster for foo.
3. Article Addressed to:	4a. Article Number
Section Management	Consult postmaster for fee. 4a. Article Number P 144 900 640 4b. Service Type
Brookie L. Green & Dan Green	4b. Service Type
	Designation Insured
2814 Emerson Place	
Midland, TX 79701	☐ COD ☐ ☐ COD ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐ ☐
00	
C W X	6/18/93
Dragle Green	Combuit requested
5. Signature (Addressee)	8. Addressee's Address (Only if requested
	and fee is paid)
6. Signature (Agent)	
PS Form 3811, December 1991 - ±U.S. GPO: 1992-32	3-402 DOMESTIC RETURN RECEIPT
& Fees	
Postmark or Date	
$\widetilde{\aleph}$	
۶۱	
Form	+
	and the same of th
S	
	saive the
· σ	wish to receive the
· σ	I also wish to receive the
S &	I also wish to receive the following services (for an extra
S &	I also wish to receive the following services (for an extra fee):
STER: and/or 2 for additional services.	I also wish to receive the following services (for an extra fee): Addressee's Address
STER: and/or 2 for additional services.	I also wish to receive the following services (for an extra fee): 1. Addressee's Address A Delivery
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 3, and 4a & formulate items 3, and 4a & formulate items 3.	following server feel: Addressee's Address Addressee's Address
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 3, and 4a & b.	following server feel: Addressee's Address Restricted Delivery
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 3, and 4a & b.	following server feel: Addressee's Address Address Restricted Delivery
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 3, and 4a & b.	following server feel: Addressee's Address Address Restricted Delivery
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 3, and 4a & b.	following server feel: Addressee's Address Restricted Delivery
complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 4, and 4a & b. Complete items 4, and 4a & b. Complete items 9, and 4a & b. Complete items 9, and 4a & b. Complete items 1 and/or 2 for additional services. Attach *bin 2 and 3 and 4	following serve fee: 1. Addressee's Address 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 144 900 637
complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 4, and 4a & b. Complete items 4, and 4a & b. Complete items 9, and 4a & b. Complete items 9, and 4a & b. Complete items 1 and/or 2 for additional services. Attach *bin 2 and 3 and 4	following serve feel: 1. Addressee's Address 1. Addressee's Address 2. Restricted Delivery 1. Consult postmaster for fee. 4a. Article Number P 144 900 637
complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 1 and/or 2 for additional services. On the item items and the front of the mailpiece, or on the back if such that the front of the mailpiece, or on the back if such that the items and the items	following server feel: 1. Addressee's Address 1. Addressee's Address 2. Restricted Delivery 2. Restricted Delivery 4a. Article Number P 144 900 637 4b. Service Type Insured
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Attach this item address on the reverse of this form so that we cannot be a served and the served items and the served items and the served and the served items are also items and the served and items are also items and the served and items are also items are also items are also items and items are also items are al	following serve feel: 1. Addressee's Address 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered COD Insured
complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 4 & b. Complete items 1 and/or 2 for additional services. On the reverse of this form so that volume items in the properties of the mailpiece, or on the back if so the services of the mailpiece below the article. The Return Receipt will show to whom the article was delivered an elivered. 3. Article Addressed to:	following serve feel: 1. Addressee's Address 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered COD Insured
omplete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 4, address on the reverse of this form so that volume items is address. Attach this form address on the mailpiece, or on the back if so the service items is addressed in the mailpiece below the article. The Return Receipt will show to whom the article was delivered an elivered. 3. Article Addressed to:	following serve feel: 1. Addressee's Address 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered COD Insured
complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 4 & b. Complete items 1 and/or 2 for additional services. On the reverse of this form so that volume items in the properties of the mailpiece, or on the back if so the services of the mailpiece below the article. The Return Receipt will show to whom the article was delivered an elivered. 3. Article Addressed to:	following serve feel: 1. Addressee's Address 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered COD Insured
complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 4 & b. Complete items 1 and/or 2 for additional services. On the reverse of this form so that volume items in the properties of the mailpiece, or on the back if so the services of the mailpiece below the article. The Return Receipt will show to whom the article was delivered an elivered. 3. Article Addressed to:	following serve fee: 1. Addressee's Address 2. Restricted Delivery de the date Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered Registered COD Return Receipt for Merchandise Express Mail Cot Delivery
complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 3, and 4a & b. Complete items 3, and 4a & b. Complete items 3, and 4a & b. Complete items 3, and 4a & b. Complete items 3, and 4a & b. Attach this form so that volume this form so that volume this card to you have addressed on the mailpiece, or on the back if so the permit. Write "Return Receipt Requested" on the mailpiece below the article was delivered an The Return Receipt will show to whom the article was delivered an lelivered. 3. Article Addressed to:	following serve feel: 1. Addressee's Address 1. Addressee's Address 2. Restricted Delivery 2. Restricted Delivery 4a. Article Number P 144 900 637 4b. Service Type Registered Registered COD Return Receipt for Merchandise Express Mail Cot of Delivery A 3
complete items 1 and/or 2 for additional services. complete items 3, and 4a & b. complete items 4a & b. complete items 1 and/or 2 for additional services. Attach this service it is addressed in the reverse of this form so that volume items and the property of the front of the mailpiece, or on the back if so not permit. Write "Return Receipt Requested" on the mailpiece below the article was delivered an The Return Receipt will show to whom the article was delivered an elivered. 3. Article Addressed to:	following serve feel: 1. Addressee's Address 1. Addressee's Address 2. Restricted Delivery 2. Restricted Delivery 4a. Article Number P 144 900 637 4b. Service Type Registered Registered COD Return Receipt for Merchandise Express Mail Cot of Delivery A 3
complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Attach this form so that we reverse of this form so that we cannot be reverse of this form so that we cannot be reverse of this form so that we reverse of this form so the reverse of this form so the reverse of this form so the reverse of t	following serve fee: 1. Addressee's Address 1. Addressee's Address 2. Restricted Delivery 2. Restricted Delivery 4a. Article Number P 144 900 637 4b. Service Type Registered Registered COD Return Receipt for Merchandise 7. Date of Delivery 2. Restricted Delivery Consult postmaster for fee. 3. Restricted Delivery P 144 900 637 4b. Service Type Registered Registered Return Receipt for Merchandise 7. Date of Delivery P 3
complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 4 & b. Complete items 1 and/or 2 for additional services. On the reverse of this form so that volume items in the properties of the mailpiece, or on the back if so the services of the mailpiece below the article. The Return Receipt will show to whom the article was delivered an elivered. 3. Article Addressed to:	following serve fee: 1. Addressee's Address 1. Addressee's Address 2. Restricted Delivery 2. Restricted Delivery 4a. Article Number P 144 900 637 4b. Service Type Registered Registered COD Return Receipt for Merchandise 7. Date of Delivery 2. Restricted Delivery Consult postmaster for fee. 3. Restricted Delivery P 144 900 637 4b. Service Type Registered Registered Return Receipt for Merchandise 7. Date of Delivery P 3
complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Attach this form so that we reverse of this form so that we cannot be reverse of this form so that we cannot be reverse of this form so that we reverse of this form so the reverse of this form so the reverse of this form so the reverse of t	following serve fee: 1. Addressee's Address 2. Restricted Delivery de the date Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered Registered COD Return Receipt for Merchandise Express Mail Cot Delivery
complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Attach this form so that we reverse of this form so that we cannot be reverse of this form so that we cannot be reverse of this form so that we reverse of this form so the reverse of this form so the reverse of this form so the reverse of t	following server fee: 1. Addressee's Address 2. Restricted Delivery d the date Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered COD Restricted Color Restricted Color Registered Registered Registered Registered Registered Restricted Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Attach this form so that we reverse of this form so that we cannot be reverse of this form so that we cannot be reverse of this form so that we reverse of this form so the reverse of this form so the reverse of this form so the reverse of t	following server fee: 1. Addressee's Address 2. Restricted Delivery d the date Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered COD Restricted Color Restricted Color Registered Registered Registered Registered Registered Restricted Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 3, and 4a & b. Complete items 3, and 4a & b. Complete items 3, and 4a & b. Complete items 3, and 4a & b. Complete items 3, and 4a & b. Attach this form so that volume this form so that volume this card to you have addressed on the mailpiece, or on the back if so the permit. Write "Return Receipt Requested" on the mailpiece below the article was delivered an The Return Receipt will show to whom the article was delivered an lelivered. 3. Article Addressed to:	following server fee: 1. Addressee's Address 2. Restricted Delivery de the date Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered COD Restricted Delivery OR 144 900 637 About Certified Registered Registered Restricted Registered Registered Registered Restricted Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 4a address on the reverse of this form so that volume items 4a. Attach this form 5a the front of the mailpiece, or on the back if so that the service items and the service items and the service was delivered and the service was delivered and the service items and the service was delivered and the service items and the service was delivered and the service w	following server fee: 1. Addressee's Address 2. Restricted Delivery de the date Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered Registered Registered Registered Restricted Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 4a address on the reverse of this form so that volume items and the reverse of this form so that volume items and the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so the reverse of this form so the reverse of this form so that volume items in the reverse of this form so the reverse of this form so that volume items in the reverse of this form so the reverse of this form so that volume items in the reverse of this form so the reverse of the reverse of this form so the reverse of	following server fee: 1. Addressee's Address 2. Restricted Delivery de the date Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered Registered Registered Registered Restricted Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 4a address on the reverse of this form so that volume items and the reverse of the reverse	following service fee): 1. Addressee's Address 2. Restricted Delivery de the date Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered Registered Registered Registered Restricted Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 4a address on the reverse of this form so that volume items and the reverse of this form so that volume items and the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so the reverse of this form so that volume items in the reverse of this form so that volume items in the reverse of this form so the reverse of this form so the reverse of this form so that volume items in the reverse of this form so the reverse of this form so that volume items in the reverse of this form so the reverse of this form so that volume items in the reverse of this form so the reverse of the reverse of this form so the reverse of	following service fee): 1. Addressee's Address 2. Restricted Delivery de the date Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered Registered Registered Registered Restricted Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 1 and 4a & b. Complete items 2, and 4a & b. Complete items 1 and 4a & b. Complete items 2, and 4a & b. Complete items 1 and 4a & b. Complete items 2, and 4a & b. Complete items 2, and 4a & b. Complete items 3, and 4a & b. Complete items 4,	following service fee): 1. Addressee's Address 2. Restricted Delivery de the date Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered Registered Registered Registered Restricted Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
TOPER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 4a address on the reverse of this form so that volume items 4b and 4a & b. Complete items 1 and/or 2 for additional services. Attach this complete items 1 and/or 2 for additional services. Attach this complete items 1 and/or 2 for additional services. Attach this complete items 1 and/or 2 for additional services. Attach this complete items 1 and/or 2 for additional services. Attach this complete items 2, and 4a & b. Complete items 1 and/or 2 for additional services. Attach this complete items 2, and 4a & b. Complete items 1 and/or 2 for additional services. Attach this complete items 2, and 4a & b. Complete i	following service fee): 1. Addressee's Address 2. Restricted Delivery de the date Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered Registered Registered Registered Restricted Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
Mary Ann Ham H.C. 64, Box 22 Big Lake, tx 76932-0022 Signature (Agent) PS Form 3811, December 1991 AUS. GPO: 199	following server fee: 1. Addressee's Address 2. Restricted Delivery de the date Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered Registered Registered Registered Restricted Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
MOUER: complete items 1 and/or 2 for additional services. complete items 3, and 4a & b. complete items 2, and 4a & b. complete items 1 and/or 2 for additional services. On the front of the mailpiece, or on the back if s. The Return Receipt Requested on the mailpiece below the article was delivered and the article was delivered and the article was delivered and the leivered. 3. Article Addressed to: Mary Ann Ham H.C. 64, Box 22 Big Lake, tx 76932-0022 Signature (Addressee) 6. Signature (Addressee) PS Form 3811, December 1991 & U.S. GPO: 199	following server fee: 1. Addressee's Address 2. Restricted Delivery de the date Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered Registered Registered Registered Restricted Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
Mary Ann Ham H.C. 64, Box 22 Big Lake, tx 76932-0022 Signature (Agent) PS Form 3811, December 1991 AUS. GPO: 199	following serve fee): 1. Addressee's Address 2. Restricted Delivery de the date Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered Registered Registered Respress Mail Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
MOUER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 1, and 4a & b. Complete items 1, and 4a & b. Complete items 1, and 4a & b. Complete items 2, and 4a & b. Complete items 3, and 4a & b. Complete items 4, and	following server fee: 1. Addressee's Address 2. Restricted Delivery de the date Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered Registered Registered Registered Restricted Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
MOUER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Complete items 1, and 4a & b. Complete items 1, and 4a & b. Complete items 1, and 4a & b. Complete items 2, and 4a & b. Complete items 3, and 4a & b. Complete items 4, and	following server fee: 1. Addressee's Address 2. Restricted Delivery de the date Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered Registered Registered Registered Restricted Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
MUER: complete items 1 and/or 2 for additional services. complete items 3, and 4a & b. complete items 4, and 4a & b. complete items 1 and/or 2 for additional services. Attack thin items 4 and 4a & b. complete items 1 and/or 2 for additional services. What items 4 and 4a & b. complete items 1 and/or 2 for additional services. What items 4 and 4a & b. complete items 4 and 4a & b. complete items 3, and 4a & b. complete items 1 and/or 2 for additional services. What items 4 and 4a & b. complete items 3, and 4a & b. complete items 4. c	following service fee): 1. Addressee's Address 2. Restricted Delivery de the date Consult postmaster for fee. 4a. Article Number P 144 900 637 4b. Service Type Registered Registered Registered Registered Restricted Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
Mary Ann Ham H.C. 64, Box 22 Big Lake, tx 76932-0022 Signature (Agent) PS Form 3811, December 1991 AUS. GPO: 199	following service feel: 1. Addressee's Address 2. Restricted Delivery 2. Restricted Delivery 4a. Article Number P 144 900 637 4b. Service Type Registered Registered Registered Registered Resurn Receipt for Merchandise 7. Date of Delivery 48. Addressee's Address (Only if requested and fee is paid)

and the second of the second o		•	'
SENDER;		I also wish to receive the	
 Complete items 1 and/or 2 for additional services. Complete items 1 and 4a & b. 	· .		6
mit your name and address on the reverse of this form so the		fee):	2
• Average form to the front of the mailpiece, or on the back i	3.5	1. Addressee's Address	Service
does not permit.	ĺ		<u></u>
Write "Return Receipt Requested" on the mailpiece below the article was delivered.		2. Restricted Delivery	<u>.</u>
The Return Receipt will show to whom the article was delivered a delivered.	o rue dare	Consult postmaster for fee.	<u>ပို့</u>
3. Article Addressed to:	4a. Articl	le Number	Ž
	P	144 900 642	
Robert Romero, Executor	4b. Servi	ce Type	Keturn Keceipt
Est. of W.A. Anderson, Jr.	Regist	ered Linsured	
8560 Park Land, #25	🙀 Certific	ed □ COD .	using
Dallas, TX 75321	☐ Expres		
	7 Date o	Merchandise	<u>5</u>
- Idill Heloma	7. Date o		
5 Sanatria IAd	O Addro	and's Address (Only if requested	nank you
5. Signature (Addressee)		ssee's Address (Only if requested , ee is paid)	Ĕ
-			Ĕ
6. Signature (Agent)			_
PS Form 3811 , December 1991 *U.S. GPO: 1992—323	402 DOI	MESTIC RETURN RECEIPT	
I dud hamed bear to I S To I & was I	Maria	, , , was digital and the control of	
0 8 700			
Postma DOME			
8			
£			
6			
PS Fo			
			+
S			+
SENDER: • Complete items 1 and/or 2 for additional services.	-	I also wish to receive the	-1
SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b.	nat we can	following services (for an extra	rice.
SENDER: Complete items 1 and/or 2 for additional services. Complete items 3, and 4a & b. Print your and to you		following services (for an extra fee):	ervice.
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 reverse of this form to the foot of the mailpiece, or on the back		following services (for an extra	t Service.
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 terror true care to your address on the mailpiece, or on the back does are a mail. • Write "Return Receipt Requested" on the mailpiece below the a	if space ticle number.	following services (for an extra fee):	eipt Service.
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 to return this card to yo. • Attach this form to the front of the mailpiece, or on the back does set the complete of the print of the mailpiece below the a write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered.	if space ticle number.	following services (for an extra fee): 1.	eceipt Service.
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 to return this care to you Attach this form to the front of the mailpiece, or on the back does are serviced. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered delivered.	if space ticle number. and the date	following services (for an extra fee): 1.	Receipt Service.
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 to return this card to yo. • Attach this form to the front of the mailpiece, or on the back does set the complete of the print of the mailpiece below the a write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered.	if space ticle number. and the date	following services (for an extra fee): 1.	urn Receipt Service.
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 to return this care to yo • Attach this form to the front of the mailpiece, or on the back does as the part of the front of the mailpiece below the a • Write "Return Receipt Requested" on the mailpiece below the a • The Return Receipt will show to whom the article was delivered delivered. 3. Article Addressed to:	if space ticle number. and the date 4a. Arti	following services (for an extra fee): 1.	leturn Receipt Service.
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 yo. • Attach this form to the front of the mailpiece, or on the back does the service of the reverse of this form so the front of the mailpiece, or on the back does the service of the reverse of this form to the front of the mailpiece below the a trick from the Return Receipt Requested on the mailpiece below the a trick from the reverse of this form to the mailpiece, or on the back does the reverse of this form to the reverse of t	if space ticle number. and the date 4a. Arti	following services (for an extra fee): 1.	Return Receipt Service.
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 to return this care to you. Attach this form to the front of the mailpiece, or on the back does not be the service. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered delivered. 3. Article Addressed to: Becky Brooks Christmas P.O. Box 173	if space ticle number. and the date 4a. Arti 4b. Ser	following services (for an extra fee): 1.	_
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 yo. • Attach this form to the front of the mailpiece, or on the back does the service of the reverse of this form so the front of the mailpiece, or on the back does the service of the reverse of this form to the front of the mailpiece below the a trick from the Return Receipt Requested on the mailpiece below the a trick from the reverse of this form to the mailpiece, or on the back does the reverse of this form to the reverse of t	if space ticle number. and the date 4a. Arti 4b. Seri Regis C Certi	following services (for an extra fee): 1.	_
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 to return this care to you. Attach this form to the front of the mailpiece, or on the back does not be the service. Write "Return Receipt Requested" on the mailpiece below the a The Return Receipt will show to whom the article was delivered delivered. 3. Article Addressed to: Becky Brooks Christmas P.O. Box 173	if space ticle number. and the date 4a. Arti 4b. Sert Regis Certi Express	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Icle Number 144 900 638 VICE/Type Stered Insured Ified COD Return Receipt for Merchandise	_
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 to the service of this form to the front of the mailpiece, or on the back does and the service of the service of this form to the front of the mailpiece, or on the back does are service. Write "Return Receipt Requested" on the mailpiece below the a the Return Receipt will show to whom the article was delivered delivered. Article Addressed to: Becky Brooks Christmas P.O. Box 173 Wagon Mound, NM 87752-0173	if space ticle number. and the date 4a. Arti 4b. Sert Regis Certi Express	following services (for an extra fee): 1.	_
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 to the service of this form to the front of the mailpiece, or on the back does and the service of the service of this form to the front of the mailpiece, or on the back does are service. Write "Return Receipt Requested" on the mailpiece below the a the Return Receipt will show to whom the article was delivered delivered. Article Addressed to: Becky Brooks Christmas P.O. Box 173 Wagon Mound, NM 87752-0173	ticle number. and the date 4a. Arti 4b. Seri Regis Certi Expre	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number 144 900 638 vice/Type stered Insured ified COD ess-Mail Return Receipt for Merchandise of Defivery 21/93	_
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 to return this care to yo. • Attach this form to the front of the mailpiece, or on the back does as the print. • Write "Return Receipt Requested" on the mailpiece below the atticle was delivered. 3. Article Addressed to: Becky Brooks Christmas P.O. Box 173 Wagon Mound, NM 87752-0173	ticle number. and the date 4a. Arti 4b. Seri Regis Certi Express 7. Date	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number 144 900 638 vice Type stered Insured ified COD ess Mail Return Receipt for Merchandise of Delivery 21 93 ressee's Address (Only if requested	_
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 to the service of this form to the front of the mailpiece, or on the back does and the service of the service of this form to the front of the mailpiece, or on the back does are service. Write "Return Receipt Requested" on the mailpiece below the a the Return Receipt will show to whom the article was delivered delivered. Article Addressed to: Becky Brooks Christmas P.O. Box 173 Wagon Mound, NM 87752-0173	ticle number. and the date 4a. Arti 4b. Seri Regis Certi Express 7. Date	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number 144 900 638 vice/Type stered Insured ified COD ess-Mail Return Receipt for Merchandise of Defivery 21/93	_
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 yo. • Attach this form to the front of the mailpiece, or on the back does to be the does to be	ticle number. and the date 4a. Arti 4b. Seri Regis Certi Express 7. Date	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number 144 900 638 vice Type stered Insured ified COD ess Mail Return Receipt for Merchandise of Delivery 21 93 ressee's Address (Only if requested	you for using
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 to return this care to yo. • Attach this form to the front of the mailpiece, or on the back does as the print. • Write "Return Receipt Requested" on the mailpiece below the atticle was delivered. 3. Article Addressed to: Becky Brooks Christmas P.O. Box 173 Wagon Mound, NM 87752-0173	ticle number. and the date 4a. Arti 4b. Seri Regis Certi Express 7. Date	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number 144 900 638 vice Type stered Insured ified COD ess Mail Return Receipt for Merchandise of Delivery 21 93 ressee's Address (Only if requested	_
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 to the service of this form to the front of the mailpiece, or on the back does to the write "Return Receipt Requested" on the mailpiece below the a the Return Receipt will show to whom the article was delivered delivered. 3. Article Addressed to: Becky Brooks Christmas P.O. Box 173 Wagon Mound, NM 87752-0173 Signature Addressee) 6. Signature (Agent)	if space ticle number. and the date 4a. Arti 4b. Sen Regis Certi Expre 7. Date 8. Addi and	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Icle Number 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Icle Number 1. Addressee's Address (Only if requested field) 2. COD 2. COD 3. COD 4. COD 4. COD 5. COD 6. COD 7. COD 7. COD 8. COD 8. COD 8. COD 9. C	Thank you for using
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 yo. • Attach this form to the front of the mailpiece, or on the back does to be the does to be	if space ticle number. and the date 4a. Arti 4b. Sen Regis Certi Expre 7. Date 8. Addi and	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. icle Number 144 900 638 vice Type stered Insured ified COD ess Mail Return Receipt for Merchandise of Delivery 21 93 ressee's Address (Only if requested	Thank you for using
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 yo Attach this form to the front of the mailpiece, or on the back does to be the services. Write "Return Receipt Requested" on the mailpiece below the atticle was delivered. The Return Receipt will show to whom the article was delivered delivered. 3. Article Addressed to: Becky Brooks Christmas P.O. Box 173 Wagon Mound, NM 87752-0173 Signature Addressee) 6. Signature (Agent) PS Form 3811, December 1991 **u.s. GPO: 1892-3	if space ticle number. and the date 4a. Arti 4b. Sen Regis Certi Expre 7. Date 8. Addi and	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Icle Number 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Icle Number 1. Addressee's Address (Only if requested field) 2. COD 2. COD 3. COD 4. COD 4. COD 5. COD 6. COD 7. COD 7. COD 8. COD 8. COD 8. COD 9. C	Thank you for using
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 yo Attach this form to the front of the mailpiece, or on the back does to be the services. Write "Return Receipt Requested" on the mailpiece below the atticle was delivered. The Return Receipt will show to whom the article was delivered delivered. 3. Article Addressed to: Becky Brooks Christmas P.O. Box 173 Wagon Mound, NM 87752-0173 Signature Addressee) 6. Signature (Agent) PS Form 3811, December 1991 **u.s. GPO: 1892-3	if space ticle number. and the date 4a. Arti 4b. Sen Regis Certi Expre 7. Date 8. Addi and	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Icle Number 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Icle Number 1. Addressee's Address (Only if requested field) 2. COD 2. COD 3. COD 4. COD 4. COD 5. COD 6. COD 7. COD 7. COD 8. COD 8. COD 8. COD 9. C	Thank you for using
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 yo Attach this form to the front of the mailpiece, or on the back does to be the services. Write "Return Receipt Requested" on the mailpiece below the atticle was delivered. The Return Receipt will show to whom the article was delivered delivered. 3. Article Addressed to: Becky Brooks Christmas P.O. Box 173 Wagon Mound, NM 87752-0173 Signature Addressee) 6. Signature (Agent) PS Form 3811, December 1991 **u.s. GPO: 1892-3	if space ticle number. and the date 4a. Arti 4b. Sen Regis Certi Expre 7. Date 8. Addi and	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Icle Number 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Icle Number 1. Addressee's Address (Only if requested field) 2. COD 2. COD 3. COD 4. COD 4. COD 5. COD 6. COD 7. COD 7. COD 8. COD 8. COD 8. COD 9. C	Thank you for using
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 yo Attach this form to the front of the mailpiece, or on the back does to be the services. Write "Return Receipt Requested" on the mailpiece below the atticle was delivered. The Return Receipt will show to whom the article was delivered delivered. 3. Article Addressed to: Becky Brooks Christmas P.O. Box 173 Wagon Mound, NM 87752-0173 Signature Addressee) 6. Signature (Agent) PS Form 3811, December 1991 **u.s. GPO: 1892-3	if space ticle number. and the date 4a. Arti 4b. Sen Regis Certi Expre 7. Date 8. Addi and	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Icle Number 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Icle Number 1. Addressee's Address (Only if requested field) 2. COD 2. COD 3. COD 4. COD 4. COD 5. COD 6. COD 7. COD 7. COD 8. COD 8. COD 8. COD 9. C	Thank you for using
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 to return this care to you hattach this form to the front of the mailpiece, or on the back does to be the service of this form to the mailpiece below the attach this form to the front of the mailpiece below the attach this form to the front of the mailpiece, or on the back does to the service of this form to the mailpiece below the attach the service of the service	if space ticle number. and the date 4a. Arti 4b. Sen Regis Certi Expre 7. Date 8. Addi and	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Icle Number 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. Icle Number 1. Addressee's Address (Only if requested field) 2. COD 2. COD 3. COD 4. COD 4. COD 5. COD 6. COD 7. COD 7. COD 8. COD 8. COD 8. COD 9. C	Thank you for using

and the second s		
SENDER: Complete items 1 and/or 2 for additional services. Complete items 3 and 4a & b. The your name and address on the reverse of this form so that return this card to you. A thin to the front of the mailpiece, or on the back if		I also wish to receive the following services (for an extra fee): 1. Addressee's Address
Write "Heturn Receipt Requested" on the mailpiece below the article The Return Receipt will show to whom the article was delivered ar	cle number. nd the date	2. Restricted Delivery
delivered. 3. Article Addressed to: Malcolm S. Anderson 3530 Rangenview Rd. Greeley, CO 80634 5. Signature (Addressee) 6. Signature (Agent) PS Form 3811, December 1991 *U.S. GPO: 1992—32: **TUTAL Surger **TUTAL	4b. Ser Regi Cart Expr 7. Date 8. Add and	rice Number P 144 900 641 vice Type, stered Insured
8		+
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. • Asset this form to the front of the mailpiece, or on the back		1. La Addressee's Address
Write "Return Receipt will show to whom the article was delivered The Return Receipt will show to whom the article was delivered	rticle numbe and the dat	2. Restricted Delivery Consult postmaster for fee.
delivered. 3. Article Addressed to:		
Elizabeth F. Berry & Daniel Ber P.O. Box 160 Eunice, NM 88231-0160	K Ce	gistered
5. Signature (Addressee) 6. Signature (Agent)	80.00	Address (Only if requested y
3		PONEOTIC PETUDN PECEIPT
PS Form 3811 , December 1991 &U.S. GPO: 1992—	323-402	DOMESTIC RETURN RECEIPT
Postmark of Date Postmark of Date Postmark of Date		

	1
John R. Anderson	1. Addressee's Address
	7. Day of Dalivery
Will K (la description	4007 F
5. Signature (Addressee)	Addressee's Address (Only if requested
W Man	and fee is plaid)
6. Signature (Agent)	-
No.	
PS Form 3811, December 1991 ±U.S. GPO: 1992-323-4	DOMESTIC RETURN RECEIPT
Sees \$275	
	+
Complete Jens 1 and/or 2 for additional services. Complete Jens 3 and 4a & b. Printing for address on the reverse of this form so that return this care'd yy. Which is the form to the front of the mailpiece, or on the back if does not permit. Which is the form Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to:	e number. Consult postmaster for fee. 4a. Article Number
Complete range and address on the reverse of this form so that return this care to the front of the mailpiece, or on the back if does not permit to the front of the mailpiece, or on the back if which becum Receipt Requested" on the mailpiece below the article. The Return Receipt will show to whom the article was delivered and delivered. Article Addressed to:	following services (for an extra fee): 1. Addressee's Address of the date consult postmaster for fee. 4a. Article Number P 144 900 636 4b. Service Type
• Complete reason address on the reverse of this form so that return this careful year. • Aracker from to the front of the mailpiece, or on the back if does not permit. • Write Beturn Receipt Requested" on the mailpiece below the article. • The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: Giles M. Lee & Joie A. Lee	following services (for an extra fee): 1. Addressee's Address 1. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 144 900 636
• Complete reason address on the reverse of this form so that return this careful year. • Aracker form to the front of the mailpiece, or on the back if does not permit. • Write Bettirn Receipt Requested" on the mailpiece below the article. • The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: Giles M. Lee & Joie A. Lee Noot Star Route, Box 478	following services (for an extra fee): 1. Addressee's Address 1. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 144 900 636
• Complete reads address on the reverse of this form so that return this careful year. • Arackers from to the front of the mailpiece, or on the back if does not permit. • Write Bettirn Receipt Requested" on the mailpiece below the article. • The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: Giles M. Lee & Joie A. Lee West Star Route, Box 478 Lovington, NM 88260-0478	following services (for an extra fee): 1. Addressee's Address 1. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 144 900 636
• Complete reads address on the reverse of this form so that return this careful year. • Arackers from to the front of the mailpiece, or on the back if does not permit. • Write Bettirn Receipt Requested" on the mailpiece below the article. • The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: Giles M. Lee & Joie A. Lee West Star Route, Box 478 Lovington, NM 88260-0478	following services (for an extra fee): 1. Addressee's Address 1. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 144 900 636
• Complete reads address on the reverse of this form so that return this careful year. • Arackers from to the front of the mailpiece, or on the back if does not permit. • Write Bettirn Receipt Requested" on the mailpiece below the article. • The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: Giles M. Lee & Joie A. Lee West Star Route, Box 478 Lovington, NM 88260-0478	following services (for an extra fee): 1. Addressee's Address 1. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 144 900 636
• Complete remains and address on the reverse of this form so that return this care it yes. • March and yes.	following services (for an extra fee): 1. Addressee's Address 1. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 144 900 636
• Complete remain address on the reverse of this form so that return this cared yy. • March and yy. • March an	following services (for an extra fee): 1. Addressee's Address 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 144 900 636 4b. Service Type Registered Insured Consult postmaster for fee. 4consult postmaster for fee. 4d. Article Number P 144 900 636 4b. Service Type Registered Insured COD Return Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested of the fee) Registered Insured Cod Return Receipt for Merchandise 7. Date of Delivery Cod Restricted Delivery Consult postmaster for fee. Addressee's Address (Only if requested of the fee)
• Complete read address on the reverse of this form so that return this careful year. • Macking the form to the front of the mailpiece, or on the back if does not permit. • Write Bottin Receipt Requested" on the mailpiece below the article. • The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: Giles M. Lee & Joie A. Lee West Star Route, Box 478 Lovington, NM 88260-0478	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 144 900 636 4b. Service Type Registered Insured Consult postmaster for fee. 4a. Article Number P 144 900 636 4b. Service Type Registered COD Return Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
Complete ranks and address on the reverse of this form so that return this care by your control of the mailpiece, or on the back if a does not permit. Write Bedfun Receipt Requested" on the mailpiece below the article will show to whom the article was delivered and delivered. 3. Article Addressed to: Giles M. Lee & Joie A. Lee West Star Route, Box 478 Lovington, NM 88260-0478 5. Signature (Addressee)	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 144 900 636 4b. Service Type Registered Insured X Certified COD Express Mail Return Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
Complete ranks and address on the reverse of this form so that return this care by year. Nation of permit. Note: Begin Receipt Requested" on the mailpiece below the article with Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: Giles M. Lee & Joie A. Lee West Star Route, Box 478 Lovington, NM 88260-0478 5. Signature (Addressee) 6. Signature (Agent) PS Form 3811, December 1991 *U.S. GPO: 1992-32	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 144 900 636 4b. Service Type Registered Insured X Certified COD Express Mail Return Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
Complete remain address on the reverse of this form so that return this cared yy. Nation of permit. Nation Begins Receipt Requested" on the mailpiece below the article will show to whom the article was delivered and delivered. 3. Article Addressed to: Giles M. Lee & Joie A. Lee West Star Route, Box 478 Lovington, NM 88260-0478 5. Signature (Addressee) 6. Signature (Agent) PS Form 3811, December 1991 **U.S. GPO: 1992-32	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 144 900 636 4b. Service Type Registered Insured X Certified COD Express Mail Return Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
Complete remain address on the reverse of this form so that return this cared yy. Nation of permit. Nation Begins Receipt Requested" on the mailpiece below the article will show to whom the article was delivered and delivered. 3. Article Addressed to: Giles M. Lee & Joie A. Lee West Star Route, Box 478 Lovington, NM 88260-0478 5. Signature (Addressee) 6. Signature (Agent) PS Form 3811, December 1991 **U.S. GPO: 1992-32	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 144 900 636 4b. Service Type Registered Insured X Certified COD Express Mail Return Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
Complete remain address on the reverse of this form so that return this cared yy. Nation of permit. Nation Begins Receipt Requested" on the mailpiece below the article will show to whom the article was delivered and delivered. 3. Article Addressed to: Giles M. Lee & Joie A. Lee West Star Route, Box 478 Lovington, NM 88260-0478 5. Signature (Addressee) 6. Signature (Agent) PS Form 3811, December 1991 **U.S. GPO: 1992-32	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 144 900 636 4b. Service Type Registered Insured X Certified COD Express Mail Return Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)
Complete range and address on the reverse of this form so that return this care by year. Nation of permit. Note: Bedin Receipt Requested" on the mailpiece below the article was delivered. The Return Receipt will show to whom the article was delivered and delivered. 3. Article Addressed to: Giles M. Lee & Joie A. Lee West Star Route, Box 478 Lovington, NM 88260-0478 5. Signature (Addressee) 6. Signature (Addressee) PS Form 3811, December 1991 & U.S. GPO: 1992-32	following services (for an extra fee): 1. Addressee's Address 2. Restricted Delivery Consult postmaster for fee. 4a. Article Number P 144 900 636 4b. Service Type Registered Insured X Certified COD Express Mail Return Receipt for Merchandise 7. Date of Delivery Addressee's Address (Only if requested and fee is paid)

en en en

	_	
SENDER:		I also wish to receive the
Complete items 1 and/or 2 for additional services.		following services (for an extra
Complete items 3, and 4a & b. Print your name and address on the reverse of this form so that	t we can	fee):
at a second document		following services (for an extra 65 fee):
Attach this toril the front of the mailpiece, of the tie beck in	space	
noes not permit.	cle number.	2. Restricted Delivery Consult postmaster for fee.
The Return Receipt will show to whom the article was delivered an		Consult postmaster for fee.
delivered. 3. Article Addressed to:	4a. Art	
S. Afficie Addresses		R 144 900 633
Roy E. Lee	4b. Se	
600 Goliad Ave.	☐ Regi	
	X Cert	
Albuquerque, NM 87107	☐ Exp	ress Mail
And the second s	7 Dat	e of Wellyler's (/ G/2
	7. 000	
	*****	dressee's Address (Only if requested
5. Signative (Addressee)	8. Add	fee is paid)
Level 1	1 ***	
6. Signature (Agent)		had be a say a second and had my look of the second by
PS Form 3811, December 1991 #U.S. GPO: 1992-32	3-402	OMESTIC RETURN RECEIPT
& Fees		
Postmark or Date		
W WATER		
E		가는 사람들이 생활되었다. 1500년 1일
E		Section 19
δ.	_	and the state of t
		Control of the Contro
		والمستحدث والمتحارب والمتحارب والمتحارب والمتحارب والمتحارب والمتحارب
e de l'esta de la companione de la companione de la companion de la companione de la compan	7.2	
SENDER;		+
• Complete items 1 and/or 2 for additional captions		I also wish to receive the
Combinate remis 32 and 4a & b.		
Frint your name and address on the reverse of this form so return this card		n fee):
 Attach this form to the front of the mailpiece, or on the back does not permit 	k if space	fee): 1. Addressee's Address
Write "Return Receipt Requested" on the maileises halos of		
The receipt will show to whom the article was delivered	rticle numb Land the da	2. Restricted Delivery
3. Article Addressed to:		Consult postmaster for fee.
3. Afficie Addressed to:	4a. A	rticle Number
R. D. Top. Jr. C Top		P 144 900 635
R. D. Lee, Jr. & Leora Lee P.O. Box 363	4b. S	Consult postmaster for fee. Article Number P 144 900 635 Gervice Type
. .	│ □ Re	
Lovington, NM 88260-0363	X Ce	rtified 🗆 COD
	│ □ Ex	press Mail Return Receipt for
		press Mail Return Receipt for Merchandise to Delivery dressee's Address (Only if requested defee is paid)
1 7 1 1 1 1	5	
5. Signature (Addressee)	+ (0-11-25
*	o. Ad	dressee's Address (Only if requested
6. Signature (Agent)		is 100 to paid,
Signatoro (Agont)		F
PS Form 3811 , December 1991 ★U.S. GPO: 1992—32		
95 Form 3811, December 1991 ★U.S. GPO: 1992—32	3-402	OMESTIC RETURN RECEIPT
& Fees A	77770+WA	THE STATE OF THE PROPERTY OF T
8	1	The state of the s
Postmark or Dave	k.	and the contract of the contra
≈ I ✓ NA >>		ing the life of the control of the c
# INA		
\$ E		
& Fees Postmark or Date 7NY70		