

LOIS - DODD8

Z 289 615 247

US Postal Service  
**Receipt for Certified Mail**  
 No Insurance Coverage Provided  
 Mississippi Potash, Inc.  
 P.O. Box 101  
 1996 Potash Mines Road  
 Carlsbad, NM 88220  
 Attn: Jill Farnsworth, Chief Mine Engr.

Postage	\$ 52
Certified Fee	135
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	110
Return Receipt Showing to Whom, Date, & Addressee's Address	
Postmark or Date	277

PS Form 3800, April 1995

CARLSBAD NM 88220

Is your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, 4a, and 4b.
- 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 will show to whom the article was delivered and the date delivered.

I also wish to receive the following services (for an extra fee):

- ☐ Addressee's Address
- ☐ Restricted Delivery

Consult postmaster for fee.

**3. Article Addressed to:**

Mississippi Potash, Inc.  
 P.O. Box 101  
 1996 Potash Mines Road  
 Carlsbad, NM 88220  
 Attn: Jill Farnsworth, Chief Mine Engr.

**4a. Article Number**

Z-289.615.247

**4b. Service Type**

- |  |                                    |
|--|------------------------------------|
| <input type="checkbox"/> Registered                                | <input type="checkbox"/> Certified |
| <input type="checkbox"/> Express Mail                              | <input type="checkbox"/> Insured   |
| <input checked="" type="checkbox"/> Return Receipt for Merchandise | <input type="checkbox"/> COD       |

**7. Date of Delivery**

**8. Addressee's Address (Only if requested and fee is paid)**

**5. Received By: (Print Name)**

**6. Signature: (Addressee or Agent)**

*[Signature]*

Thank you for using Return Receipt Service.

