**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 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. ☐ Addressee's Address
2. ☐ Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
Mr. Robert Kruel
Eddy Potash
P.O.Box 31
Carlsbad, NM 88220

4a. Article Number
P 771 497 521

4b. Service Type
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

7. Date of Delivery
6-16-92

5. Signature (Addressee)

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

6. Signature (Agent)
R Blanchard

PS Form 3811, November 1990 ★U.S. GPO: 1991—287-066 **DOMESTIC RETURN RECEIPT**

OK
July 6 30 days

P 771 497 521

**Certified Mail Receipt**
No Insurance Coverage Provided
Do not use for International Mail
(See Reverse)

UNITED STATES POSTAL SERVICE

| | |
|---|---|
| Sent to<br>Mr. Robert Kruel | |
| Street & No.<br>Eddy Potash<br>P.O.Box 31 | |
| P.O. State & ZIP Code<br>Carlsbad, NM 88220 | |
| Postage | $ |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt Showing to Whom & Date Delivered | |
| Return Receipt Showing to Whom, Date, & Address of Delivery | |
| TOTAL Postage & Fees | $ |
| Postmark or Date<br>6/12/92<br>COMANCHE "9" "STATE #1 | |

PS Form 3800, June 1990

Comanche 9 St #1
# 1980/s + 660/w

7-22-92
Verbal to approve from
Bill LeMay
per Tom Kallahin - objections
had been withdrawn