| n the reverse side? | 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); 1. |
|----------------------|---|---|--|
| LADDRESS completed o | 3. Article Addressed to: NMOCD 1625 N. French Drive Hobbs, NM 88240 | 4b. Service Registere Express | 7459696 Type ed Certified Mail Insured xeipt for Merchandise COD |
| your BETURN | 5. Received By: (Print Name) 6. Signature: (Addressee or Agent) X | 8. Addressee's Address (Only if requested and fee is paid) | |
| 3 | PS Form 3811 , December 1994 102 | 95-98-B-0229 | Domestic Return Receipt |