

Is your RETURN ADDRESS completed on the reverse side?

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 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. Addressee's Address
2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 Mr. Don Kelly Plant Mgr.
 Southdown, Inc.
 PO Box 6
 Brooksville, FL
 34605-0006

4a. Article Number
 P 339 251 172

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

7. Date of Delivery
 10-29-96

5. Signature (Addressee)

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

6. Signature (Agent)
 E. M. Ray

Thank you for using Return Receipt Service.

P 339 251 172

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to	
Don Kelly	
Street & Number	
Southdown Inc	
Post Office, State, & ZIP Code	
Brooksville, FL	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	10-25-96
0 570008-013-AC PSD-FL-234	

PS Form 3800, April 1995

Fold at line over top of envelope to

SENDER:

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- 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:
*Lawrence Jennings, Director
 Hernando Co Planning Dept.
 20 N. Main St., Rm 262
 Brooksville, FL 34601*

4a. Article Number
P 339 251 174

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

7. Date of Delivery
11-4-96

5. Signature (Addressee)

6. Signature (Agent)
Steve B...

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

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Is your RETURN ADDRESS completed on the reverse side?

Thank you for using Return Receipt Service.

P 339 251 174

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sender	<i>Lawrence Jennings</i>
Shop & Number	<i>Hernando Co PD</i>
Post Office, State, & ZIP Code	<i>Brooksville FL</i>
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	<i>Southdown 11-1-96</i>

PS Form 3800, April 1995

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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. Don Kelly, Plant Mgr.
 Southdown, Inc
 P O Box 6
 Brooksville, FL 34605-0006

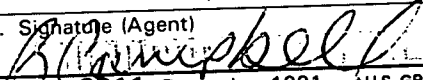
4a. Article Number
 P 339 251 124

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

7. Date of Delivery

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: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

P 339 251 124

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

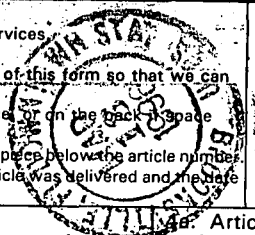
Sent to <i>Don Kelly</i>	
Street & Number <i>Southdown, Inc</i>	
Post Office, State, & ZIP Code <i>Brooksville, FL</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date <i>Kilns 142</i> <i>7-11-96</i> <i>Coolers 142</i>	

PS Form 3800, April 1995

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- 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. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 Don Kelly, Pit Mgr
 Southdown, Inc
 P.O. Box 6
 Brooksville, FL
 34605-0006

4a. Article Number
 2 127 633 185

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

7. Date of Delivery
 3-13-96

5. Signature (Addressee)

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

6. Signature (Agent)
[Signature]

Thank you for using Return Receipt Service.

2 127 633 185



Receipt for Certified Mail

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

Send to <i>Don Kelly</i>	
Street and No. <i>Southdown, Inc</i>	
P.O., State and ZIP Code <i>Brooksville, FL</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	<i>3-8-96</i>
Post #s	<i>A127-258369</i>
Kilns	<i>1+2 572</i>

PS Form 3800, March 1993

Is your RETURN ADDRESS completed on the reverse side?

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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:

Don Kelly, PIT MGR
 Southdown, Inc
 P.O. Box 6
 Brooksville, FL
 34605-0006

4a. Article Number

2 127 633 185

4b. Service Type

- Registered Insured
- Certified COD
- Express Mail Return Receipt for Merchandise

7. Date of Delivery

3-13-96

5. Signature (Addressee)

6. Signature (Agent)

[Handwritten Signature]

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

PS Form 3811, December 1991

U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

Thank you for using Return Receipt Service.

2 127 633 185



Receipt for Certified Mail

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

Sent to <i>Don Kelly</i>	
Street and No. <i>Southdown, Inc</i>	
P.O., State and ZIP Code <i>Brooksville, FL</i>	
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, and Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	<i>3-8-96</i>
Pmt #'s	<i>A27-258569</i>
Kilns 1+2	<i>572</i>

PS Form 3800, March 1993

Is your RETURN ADDRESS completed on the reverse side?

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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. Don Kelly, Plant Mgr.
 Southdown, Inc
 P O Box 6
 Brooksville, FL 34605-0006

4a. Article Number
 P 339 251 124

4b. Service Type

- Registered
- Insured
- Certified
- COD
- Express Mail
- Return Receipt for Merchandise

7. Date of Delivery

5. Signature (Addressee)

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

6. Signature (Agent)
 Blumppel

Thank you for using Return Receipt Service.

P 339 251 124

US Postal Service
Receipt for Certified Mail
 No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to	Don Kelly
Street & Number	Southdown, Inc
Post Office, State, & ZIP Code	Brooksville, FL
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	Kilns 142 7-11-96 Coolers 142

PS Form 3800 April 1995

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- 1. Addressee's Address
- 2. Restricted Delivery

Consult postmaster for fee.

3. Article Addressed to:
 Lawrence Jennings, Director
 Hernando Co Planning Dept.
 20 N. Main St., Rm 162
 Brooksville, FL 34601

4a. Article Number
 P 339 251 174

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

7. Date of Delivery
 11-4-96

5. Signature (Addressee)

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

6. Signature (Agent)
 [Signature]

PS Form 3811, December 1991 U.S. GPO: 1993-352-714 **DOMESTIC RETURN RECEIPT**

Thank you for using Return Receipt Service.

P 339 251 174

US Postal Service
Receipt for Certified Mail

No Insurance Coverage Provided.
 Do not use for International Mail (See reverse)

Sent to	Lawrence Jennings
Street & Number	Hernando Co PD
Post Office, State, & ZIP Code	Brooksville FL
Postage	\$
Certified Fee	
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to Whom & Date Delivered	
Return Receipt Showing to Whom, Date, & Addressee's Address	
TOTAL Postage & Fees	\$
Postmark or Date	Southdown 11-1-96

PS Form 3800 April 1995