

Form 8618-P (4-54)

RECEIPT FOR INSURED PARCEL No. 65614

Addressed for delivery at _____

Andover, Ind.
(Post office of address) WRITE PLAINLY (State)

Postage 2.00 cts. Special handling _____ cts.

Insurance fee 2.00 cts. Return receipt _____ cts.

Special delivery _____ cts. Restricted delivery _____ cts.

Fragile _____ Perishable _____
Other endorsement Low Value (Mailing Office)

SENDER—Enter name and address of addressee on other side and read information regarding endorsements and indemnity.
POSTMASTER
By 197



Form 8618-P (4-54)

RECEIPT FOR INSURED PARCEL No. 65615

Addressed for delivery at _____

Andover, Ind.
(Post office of address) WRITE PLAINLY (State)

Postage 35 cts. Special handling _____ cts.

Insurance fee 2.00 cts. Return receipt _____ cts.

Special delivery _____ cts. Restricted delivery _____ cts.

Fragile _____ Perishable _____
Other endorsement High Value (Mailing Office)

SENDER—Enter name and address of addressee on other side and read information regarding endorsements and indemnity.
POSTMASTER
By 197



Form 8618-P (4-54)

RECEIPT FOR INSURED PARCEL No. 65616

Addressed for delivery at _____

Andover, Ind.
(Post office of address) WRITE PLAINLY (State)

Postage 2.40 cts. Special handling _____ cts.

Insurance fee 2.00 cts. Return receipt _____ cts.

Special delivery _____ cts. Restricted delivery _____ cts.

Fragile _____ Perishable _____
Other endorsement Low Value (Mailing Office)

SENDER—Enter name and address of addressee on other side and read information regarding endorsements and indemnity.
POSTMASTER
By 197



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