sent to Mr. Jim Garrison, Dist	Atty.	POSTMARI OR DATE
STREET AND NO. City of New Orleans		
New Orleans, Louisians	1	er umas.
EXTRA SERVICES FOR ADDITIONAL Return Receipt Shows to whom Shows to whom,	Poliver to Addresses Only	:
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Lkinud no.	
077456	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
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