

Form 3841
Rev. 1-2-20

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1 _____
(Signature or name of addressee)

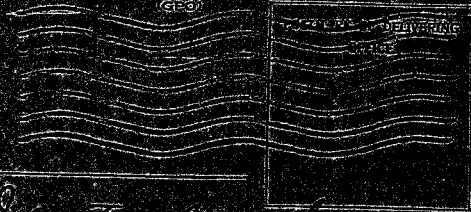
2 _____
(Signature of addressee or agent; Agent should enter addressee's name in line 1 of this receipt)

Date of delivery _____ 1924

U. S. GOVERNMENT PRINTING OFFICE: 1919-1920

Post Office Department
OFFICIAL BUSINESS

WE ASSESS POSTAGE HEREON AND PAYMENT OF POSTAGE IS



Deliver to Superintendent
(NAME OF ADDRESSEE)

Street and Number
or Post Office Box 299 W 12 ST

REGISTERED ARTICLE

No. 283846 Post Office N. Y. 12

INSURED PARCEL

No. _____ State N. Y.