

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

U.S. DEPARTMENT OF POSTS AND TELEGRAPHS

1790 - 1965
ALWAYS READY

INSTRUCTIONS: Fill in items below and complete instructions on other side if applicable. Moisture-impregnated pads attach and hold firmly to back of article. Print on front of article. RETURN RECEIPT REQUESTED.

POP FORM 3811 SEP. 1968

REGISTERED NO. 524430	NAME OF SENDER Selma Mascher
CERTIFIED NO.	STREET AND NO. OR P. O. BOX 302 W. 12th St.
INSURED NO.	CITY, STATE AND ZIP CODE New York, N.Y. 10014

65-16-715 (C-1)

INSTRUCTIONS TO DELIVERING EMPLOYEE

Deliver ONLY to addressee Show address where delivered
(Additional charges required for these services.)

RECEIPT

Receipts are numbered article described on other side.

SIGNATURE OF NAME OF ADDRESSEE (must always be filled in)

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED: DEC 8 - 1965

SHOW WHERE DELIVERED (only if requested)

65-16-715 (C-1) GPO