




INSTRUCTIONS TO DELIVERING EMPLOYEE	
<input type="checkbox"/> Show to whom, date, and address where delivered	<input type="checkbox"/> Deliver ONLY to addressee
<i>(Additional charges required for these services)</i>	
RECEIPT	
<i>Received the numbered article described below.</i>	
REGISTERED NO. 1996	SIGNATURE OR NAME OF ADDRESSEE <i>(Must always be filled in)</i> 
CERTIFIED NO.	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.	
DATE DELIVERED 1-26-69	SHOW WHERE DELIVERED <i>(only if requested)</i>
055-10-71548-10 GPO	

POST OFFICE DEPARTMENT OFFICIAL BUSINESS	PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300
	POSTMARK OF DELIVERING OFFICE S T A N
INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article RETURN RECEIPT REQUESTED.	
RETURN TO	
NAME OF SENDER 	
STREET AND NO. OR P.O. BOX P. F.	
POST OFFICE, STATE, AND ZIP CODE FREDERICK, MD. 21701	

POD Form 3811 Apr. 1967
 055-10-71448-10