

**INSTRUCTIONS TO DELIVERING EMPLOYEE**

Show to whom, date, and address where delivered  Deliver ONLY to addressee  
*(Additional charges required for these services)*

**RECEIPT**

*Received the numbered article described below.*

REGISTERED NO. <i>22193</i>	SIGNATURE OR NAME OF ADDRESSEE <i>(Must always be filled in)</i> <i>George Albano</i>	
CERTIFIED NO.		1
INSURED NO.	2	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
DATE DELIVERED <i>8/24/68</i>	3	SHOW WHERE DELIVERED <i>(only if requested)</i>

POST OFFICE DEPARTMENT  
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO  
PAYMENT OF POSTAGE, \$

POSTMARK OF  
DELIVERING OFFICE

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

*Harold Eberberg*

STREET AND NO. OR P.O. BOX

*Route # 8*

POST OFFICE, STATE, AND ZIP CODE

*Frederick Md 21701*

655-16-71548-10

POD Form 3811 Apr. 1967