

POST OFFICE DEPARTMENT  
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID  
PAYMENT OF POSTAGE, \$300

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.

NAME OF SENDER  
H. Weisberg

STREET AND NO. OR P.O. BOX  
Rt. 8

POST OFFICE, STATE, AND ZIP CODE  
Frederick, Md. 21701

RETURN TO

655-16-71648-10  
APR 1967  
POD Form 3811

REGISTERED NO. 03235

|                    |                                  |
|--------------------|----------------------------------|
| Value \$ NV        | Special Delivery \$              |
| Reg. Fee \$ .75    | Return Receipt \$                |
| Handling Charge \$ | Restricted Delivery \$           |
| Postage \$ .54     | <input type="checkbox"/> AIRMAIL |

POSTMASTER (By) [Signature]

FROM  
H. Weisberg  
Rt. 8  
Frederick, Md 21701

TO  
Mr. Emanuel Pavones  
655 Madison Ave  
N.Y. N.Y. 10022

POSTMARK OF  
FREDERICK, MD  
JUN 6 1969  
MAILING OFFICE

048-16-79020-1  
POD Form 3806, Dec. 1965 RECEIPT FOR REGISTERED MAIL

POST OFFICE DEPARTMENT  
OFFICIAL BUSINESS

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NAME OF SENDER  
H. Weisberg

STREET AND NO. OR P.O. BOX  
Rt. 8

POST OFFICE, STATE, AND ZIP CODE  
Frederick, Md 21701

RETURN TO

NEW YORK, N.Y.  
APR 8  
PM  
1969

LENOX HILL  
STATION

655-16-71648-10  
APR 1967  
POD Form 3811

GPO 635-16-71548-10

DATE DELIVERED *2/20*

INSURED NO. *360581*

CERTIFIED NO. *1850581*

REGISTERED NO.

SIGNATURE OF ADDRESSEE (Must always be filled in)

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY *[Signature]*

SHOW WHERE DELIVERED (only if requested)

**RECEIPT**

Received the numbered article described below.

**INSTRUCTIONS TO DELIVERING EMPLOYEE**

Show to whom, date, and address where delivered

Deliver ONLY to addressee

(Additional charges required for these services)

**SAVE THIS RECEIPT**

**COVERAGE**—Domestic insurance for registered mail is limited to (1) the value of the article at the time of mailing or the cost of replacement if lost or totally damaged, or (2) the cost of repairs. Coverage may not exceed the limit fixed for the registry fee paid. Consult postmaster for additional details of insurance limits and coverage for domestic registered mail.

**FILING CLAIM**—Claim must be filed within 1 year from the date of mailing. Present this receipt and submit evidence of value, cost of repairs, or cost of duplication.

**FOREIGN COUNTRIES**—Consult postmaster as to insurance coverage on registered articles addressed to foreign countries.

GPO 648-16-79020-1

GPO 635-16-71548-10

DATE DELIVERED *4/11/58*

INSURED NO. *385268*

CERTIFIED NO. *1850581*

REGISTERED NO.

SIGNATURE OF ADDRESSEE (Must always be filled in)

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY *[Signature]*

SHOW WHERE DELIVERED (only if requested)

**RECEIPT**

Received the numbered article described below.

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