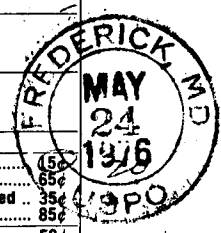


No. 098586

RECEIPT FOR CERTIFIED MAIL—30¢ (plus postage)

SENT TO <i>Mr. LEONARD RUBIN</i>	POSTMARK OR DATE
STREET AND NO. <i>919 N. MICHIGAN AVE</i>	
P.O., STATE AND ZIP CODE <i>CHICAGO, ILL 60611</i>	
OPTIONAL SERVICES FOR ADDITIONAL FEES	
RETURN RECEIPT SERVICES	1. Shows to whom and date delivered ..... 45¢ With delivery to addressee only ..... 65¢ 2. Shows to whom, date and where delivered ... 35¢ With delivery to addressee only ..... 85¢
DELIVER TO ADDRESSEE ONLY	50¢
SPECIAL DELIVERY (extra fee required)	

PS Form 3800 Apr. 1971 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL (See other side) \* GPO : 1973 O - 480-743

● SENDER Complete items 1 and 7. Add your address in the RETURN TO field on reverse.	
The following services are requested: (Check one)	
<input checked="" type="checkbox"/>	Show to whom and date delivered <i>57</i>
<input type="checkbox"/>	Show to whom, date, & address of delivery <i>57</i>
<input type="checkbox"/>	DELIVER ONLY TO ADDRESSEE and show to whom and date delivered <i>65</i>
<input type="checkbox"/>	DELIVER ONLY TO ADDRESSEE and show to whom, date, and address of delivery <i>85</i>
2. ARTICLE ADDRESSED TO	
3. ARTICLE DESCRIPTION:	INSURED NO.
REGISTERED NO. <i>898566</i>	
(Always obtain signature of addressee on receipt. The signature must be legible.)	
<i>[Handwritten Signature]</i>	
4. DATE OF DELIVERY	POSTMARK
<i>5-26-76</i>	
5. ADDRESS (Complete only if requested)	
6. UNABLE TO DELIVER BECAUSE	
CLERK'S INITIALS	

PS Form 3811, Nov. 1973

RETURN, RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

\* GPO : 1974 O - 537-005