


FOR POST OFFICE USE ONLY		POSTMASTER	DATE BOX OPENED	DATE BOX CLOSED	BOX NO.
			6-3-63	9-26-63	30061
<p>APPLICANT PLEASE NOTE: Completion of this application signifies your willingness to comply with all postal rules relative to the renting and use of Post Office boxes.</p>					
NAME OF APPLICANT (Print or type)					
L. H. Oswald					
NAME OF FIRM OR CORPORATION (If box is rented for use of partner)					
None					
KIND OF BUSINESS					
None					
BUSINESS ADDRESS (No., street, and zone)					
None					
HOME ADDRESS (No., street, and zone)					
657 French St. New Orleans					
SIGNATURE OF APPLICANT				DATE OF APPLICATION	
X L. H. Oswald				June 3 1963 (D-12)	

CE 818