


REGISTERED NO. 3154		POSTMARK OF
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Reg. Fee \$ 75	Return Receipt \$	
Handling Charge \$	Restricted Delivery \$	
Postage \$ 18	<input type="checkbox"/> AIRMAIL	
POSTMASTER (By <i>JP</i>)		
FROM <i>Arnold Rosenberg</i>		
TO <i>Dr. John Nichol - Dept Pathology</i>		
<i>Univ. Penn Medical Center</i>		
<i>Newborn Bldg. 3rd Fl.</i>		
<i>Phila. Pa.</i>		
POD Form 3806, Dec. 1965		RECEIPT FOR REGISTERED MAIL
<i>Phila. Pa. 66131</i>		

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