

ADDRESSED FOR DELIVERY (P.O. and State)  
*New York, New York*

805849

POSTAGE *30* c

INSURANCE FEE *60* c


SPECIAL DELIVERY *35* c

SPECIAL HANDLING *35* c

RETURN RECEIPT *35* c

RESTRICTED DELIVERY *35* c

FRAGILE  PERISHABLE

POSTMARK OF MAILING OFFICE  


SENDER: Enter name and address of addressee on other side and read information regarding indemnity.

POSTMASTER (By) *A. J. Moore*

PGD Form 3913P, June 1963

RECEIPT FOR INSURED PARCEL

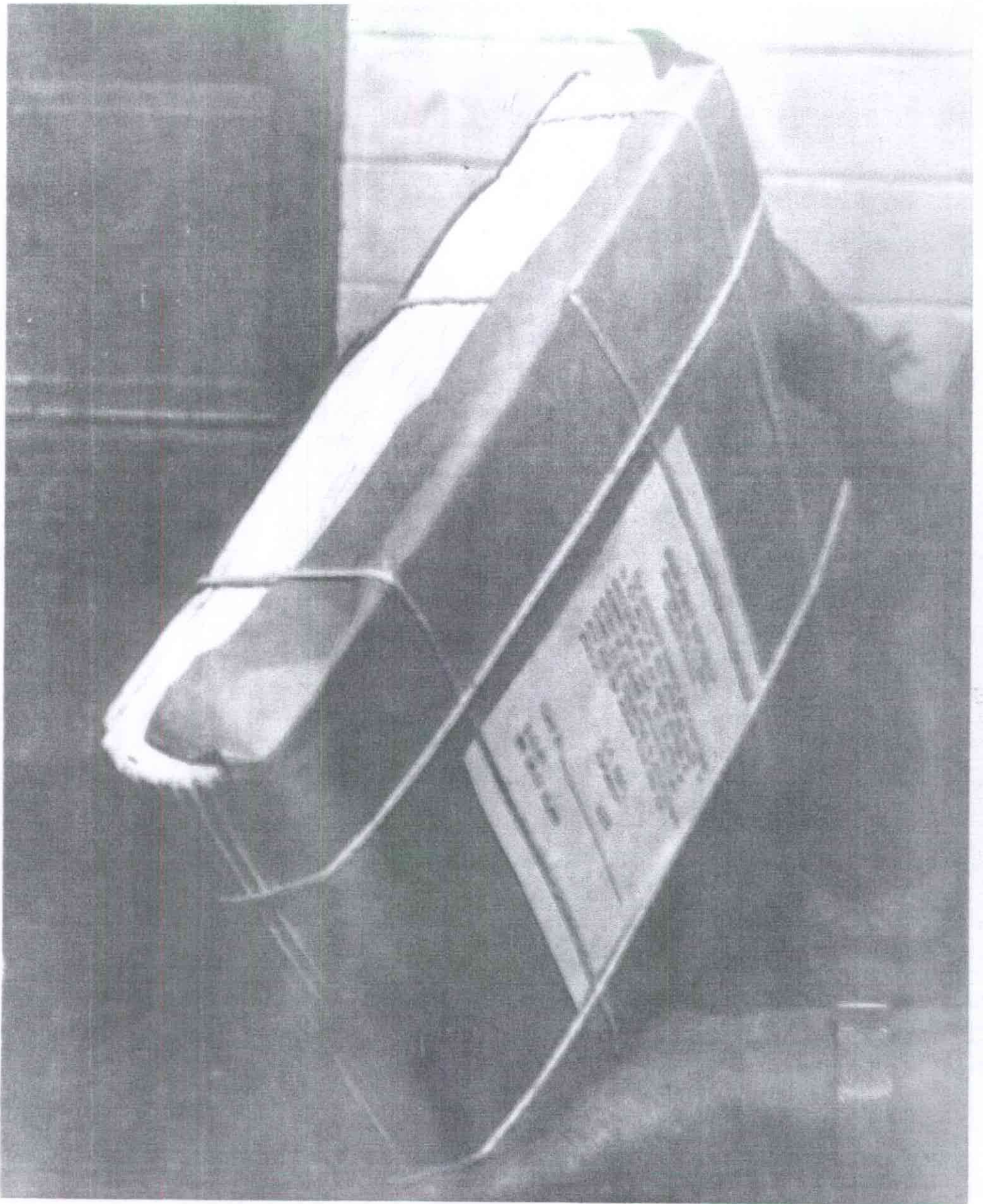
**SAVE THIS RECEIPT UNTIL PACKAGE IS ACCOUNTED FOR**

**COVERAGE.**—Postal insurance covers (1) the value of the article(s) at time of mailing, if lost or totally damaged, or (2) the cost of repairs. Coverage may not exceed the limit fixed for the insurance fee paid. Consult postmaster for details of insurance limits and coverage.

**FILING CLAIM.**—Bring this receipt or the wrapper of the parcel to any post office, station, or branch within one year from the date the parcel was mailed. Submit sales slips, receipted bills, if available, or repair estimates to substantiate your claim.

Enter below name and complete address of addressee. Show if addressed in care of person, hotel, etc.

Sent to *Johal Shree 444 Park Ave*  
*NY*



UNITED STATES POST OFFICE  
Washington, D. C. 20013  
Inquiry Section

The enclosure herewith was found loose in the mails at this office and cannot be associated with any empty envelope or wrapper now on hand. As the point of origin or intended destination is unknown, it is transmitted to you in accordance with the address found with the article.

C.G. Beall,  
Postmaster

438

Clerk No. \_\_\_\_\_

5-11-67  
WPO LN-15 10,000

**U.S. Post Office**

**FOUND LOOSE IN MAILS**

WASHINGTON, D. C. 20013

**OFFICIAL BUSINESS**

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

*Mr. Merrill Shively  
Box 4 - Dr. Farm  
Hightstown, Md. 20780*

POST LABEL #1  
999 18-7000-1