

No. 914565

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO <i>Philip Giacini III</i>		POSTMARK OR DATE 
STREET AND NO. <i>2201 Green Acres Rd</i>		
P. O., STATE, AND ZIP CODE <i>Watauga La.</i>		
EXTRA SERVICES FOR ADDITIONAL FEES		
Return Receipt Shows to whom and date delivered <input type="checkbox"/> 10¢ fee	Shows to whom, date, and where delivered <input type="checkbox"/> 35¢ fee	Deliver to Addressee Only <input type="checkbox"/> 50¢ fee
POD Form 3800 Mar. 1966 NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL (See other side)		

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.

RETURN TO

NAME OF SENDER  
*HAROLD WEISBERG*

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

POST OFFICE, STATE, AND ZIP CODE  
*FREDERICK, MD. 21701*

POD Form 3811 Apr. 1967

55-16-71548-10

Received the numbered article described below.

REGISTERED NO. \_\_\_\_\_

CERTIFIED NO. *914565*

INSURED NO. \_\_\_\_\_

DATE DELIVERED \_\_\_\_\_

SHOW WHERE DELIVERED (only if requested) \_\_\_\_\_

Deliver to addressee only

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
*Philip Giacini III*

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and address where delivered

Deliver ONLY to addressee

(Additional charges required for these services)