PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300 POST OFFICE DEPARTMENT OFFICIAL BUSINESS POSTMAN OF Me inst 020-10-71548-10 乞 3 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 POD Form 3811 Apr. 1967 RECEIPT REQUESTED. NAME OF SENDER Gary Richard Scheener STREET AND NO. OR P.O. BOX 105 Gladsfore Road POST OFFICE, STATE, AND ZIP CODE Lansdowne, Pa. 1903 19050

Sh	IONS TO DELIVERING EMPLOYEE
(Addit	ional charges required for these area ,
Second and second states to be	RECEIPT
Received	the numbered article described below.
registered NO, 198808	The numbered diricte decenses (Must always be filled in) SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)
CERTIFIED NO.	3 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.	Jouis ton
DATE DELIVERED	SHOW WHERE DELIVERED (only if requested)
IUL 22 1968	P. Natha