s your RETURN ADDRESS completed on the reverse side	SENDER:  Complete items 1 and/or 2 for additional services.  Complete items 3, and 4a & b.  Print your name and address on the reverse of this form so the return this card to you.  Attach this form to the front of the mailpiece, or on the back it does not permit.  Write "Return Receipt Requested" on the mailpiece below the artie. The Return Receipt will show to whom the article was delivered at delivered.	f space cle number.	2.   Nestricted Delivery	
	V= 11 100 x 101 100	4b. Ser Regis	Consult postmaster for fee.   4a. Article Number     453 203 524     4b. Service Type     Registered   Insured     Certified   COD     Express Mail   Return Receipt for Merchandise     7. Date of Delivery     7. Date   Texture     Consult postmaster for fee.     Activation     Consult postmaster for fee.     Activation     Activatio	
	5. Signature (Addressee)  6. Signature (Agent)  PS Form 3811, December 1991 *U.S. GPO: 1993—352.	and t	essee's Address (Only if requested fee is paid)  DMESTIC RETURN RECEIPT	

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