

INSTRUCTIONS TO DELIVERING EMPLOYEE
 Show to whom and who delivered
 Show to whom, when, and address where delivered (Additional changes required for these services)
 Deliver ONLY to addressee

RECEIPT

Received the numbered article described below.

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

REGISTERED NO.

CERTIFIED NO.

INSURED NO.

DATE DELIVERED

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

SHOW WHERE DELIVERED (only if required)



POD Form 3811 Oct. 1955

635-10-71548-8

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AMOUNT
OF POSTAGE IF
DELIVERING OFFICE

INSIDE TITLES: Show name and address below and complete instructions on other side, where applicable. Foreign postal rates, attach and hold firmly to back of envelope. **NO POSTAGE NECESSARY IF MAILED IN THE UNITED STATES**

NAME OF SENDER

STREET AND NO., OR P.O. BOX

POST OFFICE, STATE, AND ZIP CODE

William R. Miller
111 Jackson Ave. S.E.
New Orleans, La.

RETURN
TO