

FOR POST OFFICE USE ONLY	POSTMASTER	DATE BOX OPENED	DATE BOX CLOSED	BOX NO.
		6-3-63	9-26-63	30061
<small>APPLICANT PLEASE NOTE: Completion of this application signifies your willingness to comply with all postal rules relative to the renting and use of Post Office boxes.</small>				
NAME OF APPLICANT (Print or type)				
L. H. OSWALD				
NAME OF FIRM OR CORPORATION (If box is rented for use of other)				
KIND OF BUSINESS				
Post Office 9-26-63 RD				
BUSINESS ADDRESS (No., street, and zone)				
HOME ADDRESS (No., street, and zone)				
657 French St. New Orleans				
SIGNATURE OF APPLICANT				DATE OF APPLICATION
X L. H. Oswald				June 3 (D-12)

CE 318

NAME	M. W. P. + N. C. Smith	KEYLINE NO.
	PRINT OR TYPE L. H. OSWALD	
OLD ADDRESS	HOUSE NO. AND STREET, APT. NO., OR BOX OR R. D. NO. (In care of)	
	496 1/2 MAGAZINE ST. AND R.R. 3061	
	CITY, ZONE, AND STATE	
	NEW ORLEANS, LA.	
NEW ADDRESS	HOUSE NO. AND STREET, APT. NO., OR BOX OR R. D. NO. (In care of)	
	P.O. Box 6225	
	CITY, ZONE, AND STATE	
	Metairie, La.	
SIGN PERIOD	11-1-63	EFFECTIVE DATE
	L. H. Oswald	NOV. 1 1963

CE 986