(Accepting employee will place stop card under plain sheet before writing)		
RECEIPT FOR REGISTERED ARTICLE No.		
Mailed at FROPPICK MD + 177 1875		
(Post office to be written, stamped, or postmarked) (Date)		
Fee paid, amount of postage paid.		
Declared value, \$ 200 Surcharge paid, \$		
Restricted Return Special Delivery		
Delivery Receipt Delivery Fee Fee Fee		
1/22/2 100156096		
Prom 17 Fred and		
(Street and number or location)		
Addressed to multing		
Charles of Gla M. Machines	* * * *.	*
MONEY RECEIVED (Street and number and post office)		
LIEU OF STAMPS. (State or Country)		
CENTS POSTMASTER,		
Per (Carrier for postmaster)		

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