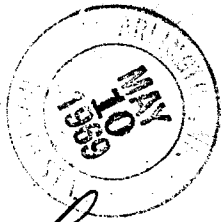
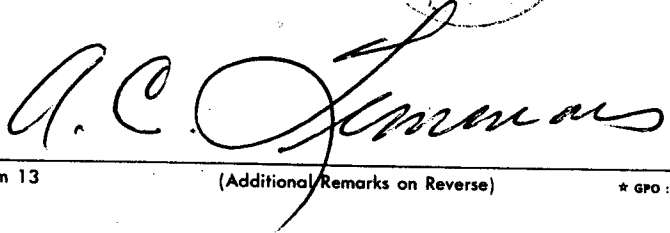



POST OFFICE DEPARTMENT ROUTING SLIP		BUREAU, OFFICE OR ROOM NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> SIGNATURE <input type="checkbox"/> COMMENT <input type="checkbox"/> SEE ME <input type="checkbox"/> AS REQUESTED <input type="checkbox"/> INFORMATION <input type="checkbox"/> READ AND RETURN <input type="checkbox"/> READ AND FILE <input type="checkbox"/> NECESSARY ACTION <input type="checkbox"/> INVESTIGATE <input type="checkbox"/> RECOMMENDATION <input type="checkbox"/> PREPARE REPLY
TO:			
1	Postmaster		
2	Frederick, Md. 21701		
3			
4			
5			
FROM:	Supt. North Station Arlington, Va. 22207		EXTENSION
DATE			ROOM NO. 5/10/69
REMARKS:	<p>Mr. James Hudgens, 4806 Old Dominion Dr. Arlington, Va. 22207 signed for Certified 914666 on March 22, 1969.</p> <p>Mr. Hudgens refuses to sign return receipt.</p> <p>Mr. Hudgens stated he returned the register certified to the sender stating he didn't want to hear from him again.</p>		
			
			

POST OFFICE DEPARTMENT ROUTING SLIP		BUREAU, OFFICE OR ROOM NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> SIGNATURE <input type="checkbox"/> COMMENT <input type="checkbox"/> SEE ME <input type="checkbox"/> AS REQUESTED <input type="checkbox"/> INFORMATION <input type="checkbox"/> READ AND RETURN <input type="checkbox"/> READ AND FILE <input type="checkbox"/> NECESSARY ACTION <input type="checkbox"/> INVESTIGATE <input type="checkbox"/> RECOMMENDATION <input type="checkbox"/> PREPARE REPLY
TO:	1 <i>Postmaster</i>		
	2 <i>Arlington Va</i>		
	3		
	4		
	5		
FROM:			EXTENSION
DATE			ROOM NO.
REMARKS:	<p><i>Please comply with the request of John E Young act, Asst PM Frederck, Md.</i></p>		
		 <p><i>L Westray</i></p>	

INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.

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

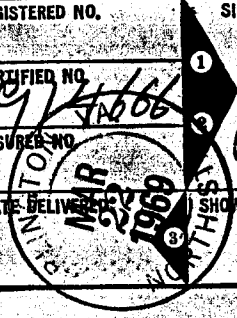
CERTIFIED NO.

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

SHOW WHERE DELIVERED *(only if requested)*



POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

POSTMARK OF
DELIVERING OFFICE

66-10-7148-10

POD Form 3811 Apr. 1967

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

NAME OF SENDER

Harold Weisberg

STREET AND NO. OR P.O. BOX

Route 8

POST OFFICE, STATE, AND ZIP CODE

Frederick Md. 21701

POST OFFICE DEPARTMENT ROUTING SLIP		BUREAU, OFFICE OR ROOM NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> SIGNATURE <input type="checkbox"/> COMMENT <input type="checkbox"/> SEE ME <input type="checkbox"/> AS REQUESTED <input type="checkbox"/> INFORMATION <input type="checkbox"/> READ AND RETURN <input type="checkbox"/> READ AND FILE <input type="checkbox"/> NECESSARY ACTION <input type="checkbox"/> INVESTIGATE <input type="checkbox"/> RECOMMENDATION <input type="checkbox"/> PREPARE REPLY
TO:			
1	<i>Supt.</i>		
2	<i>Friendship Act</i>		
3			
4			
5			
FROM: INQUIRY SECTION WASHINGTON, D. C. 20013		EXTENSION	
DATE		ROOM NO.	
REMARKS: <i>3-25-69</i> <i>Please see attached</i> <i>Form 13 and comply,</i> <i>if possible, on Form 3811</i> <i>Kindly return all</i> <i>papers to this Office</i> <i>Thank you</i> <i>Scum</i>			

POST OFFICE DEPARTMENT ROUTING SLIP		BUREAU, OFFICE OR ROOM NO.	<input type="checkbox"/> APPROVAL <input type="checkbox"/> SIGNATURE <input type="checkbox"/> COMMENT <input type="checkbox"/> SEE ME <input type="checkbox"/> AS REQUESTED <input type="checkbox"/> INFORMATION <input type="checkbox"/> READ AND RETURN <input type="checkbox"/> READ AND FILE <input type="checkbox"/> NECESSARY ACTION <input type="checkbox"/> INVESTIGATE <input type="checkbox"/> RECOMMENDATION <input type="checkbox"/> PREPARE REPLY
TO:			
1	Postmaster		
2	Washington, D. C. 20013		
3			
4			
5			
FROM: Postmaster Frederick, Md. 21701		EXTENSION	
DATE 3/24/69		ROOM NO.	

REMARKS:

The enclosed return receipt on certified letter # 914 666, was received by the sender not signed dated or postmarked. Will you please have this receipt signed dated & postmarked and return it to our patron.

The letter was addressed as follows:

Mr. James Hudgens

WTOP

Washington, D. C. (Zip code not known) *20014*

John E. Young
John E. Young, Act Asst.
PM

Forwarded To by S

*4806 Old Dominion Dr
Arlington VA. 22207*

Sender Address returned Certified

POD Form 13
July 1967

(Additional Remarks on Reverse)

* GPO : 1967 OF - 269-710

INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and address where delivered Deliver ONLY to addressee
(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.

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

CERTIFIED NO.

914666

INSURED NO.

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED

SHOW WHERE DELIVERED *(only if requested)*

~~3/19/69~~

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

POSTMARK OF
DELIVERING OFFICE

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

NAME OF SENDER

Harold Weisberg

STREET AND NO. OR P.O. BOX

Rt 8

POST OFFICE, STATE, AND ZIP CODE

Frederick, Md 21701

MOD Form 3811, Apr. 1967, GPO: 685-16-71648-10