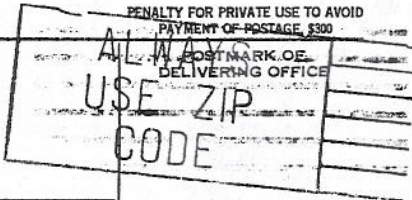


POST OFFICE DEPARTMENT
OFFICIAL BUSINESS



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



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

POST OFFICE, STATE, AND ZIP CODE

Hyattstown Maryland 20734

065-16-71548-8

POD Form 3811 Oct. 1965

1967
M.D.

INSTRUCTIONS TO DELIVERING EMPLOYEE

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

RECEIPT

Received the numbered article described below.

REGISTERED NO.	1 2	SIGNATURE OR NAME OF ADDRESSEE <i>(Must always be filled in)</i>
CERTIFIED NO. 296512		SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
INSURED NO.		
DATE DELIVERED		SHOW WHERE DELIVERED <i>(only if requested)</i>