

PLEASE FURNISH SERVICE(S) INDICATED BY CHECKED BLOCK(S).
 REQUIRED FEE(S) PAID.

Show to whom, date and address where delivered Deliver ONLY to addressee

RECEIPT

Received the numbered article described below.

REGISTERED NO.	SIGNATURE OR NAME OF ADDRESSEE <i>(Must always be filled in)</i>
CERTIFIED NO. 946433	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY <i>Deel Pub Co.</i>
INSURED NO.	
DATE DELIVERED 5/23	SHOW WHERE DELIVERED <i>(only if requested)</i> <i>B. Viter</i>

655-16-71548-11 347-198 GPO

POST OFFICE DEPARTMENT
 OFFICIAL BUSINESS



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

POSTMARK OF DELIVERING OFFICE

Print your name and address below. If you want to restrict delivery, or to have the address of delivery shown on this receipt, check block(s) on other side. Moisten gummed ends and attach this card to back of article.

RETURN TO

MR. HAROLD WEISBERG.
 R-8
 FREDERICK, Md. 21701

POD Form 3811 Apr. 1969 655-16-71548-11