PS Form 3811, Aug. 1978

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

SENDER: Complete items 1, 2, and 3.
Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one).
- ☐ Show to whom and date delivered. . . . . ¢
- ☐ Show to whom, date, and address of delivery. . . . . ¢
- ☑ RESTRICTED DELIVERY
  Show to whom and date delivered. . . . . ¢
- ☐ RESTRICTED DELIVERY.
  Show to whom, date, and address of delivery. $____
  (CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
Eleanor J. Phelps
4922 Shookstown Road
Frederick, Md 21701

3. ARTICLE DESCRIPTION:

| REGISTERED NO. | CERTIFIED NO. | INSURED NO. |
|---|---|---|
| | 724990 | |

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☑ Addressee ☐ Authorized agent
Eleanor J. Phelps

4. DATE OF DELIVERY
4-29-80

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

POSTMARK FREDERICK, MD APR 29 1980 USPO CLERK'S INITIALS

☆ GPO: 1978-272-382

PS Form 3811, Aug. 1978

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

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1. The following service is requested (check one).
- ☐ Show to whom and date delivered. . . . . ¢
- ☐ Show to whom, date, and address of delivery. ____¢
- ☑ RESTRICTED DELIVERY
  Show to whom and date delivered. . . . . ¢
- ☐ RESTRICTED DELIVERY.
  Show to whom, date, and address of delivery. $____
  (CONSULT POSTMASTER FOR FEES)

DELIVER TO ADDRESSEE ONLY

2. ARTICLE ADDRESSED TO:
Oliver J Phelps
4922 Shookstown Rd
Frederick, Md.

3. ARTICLE DESCRIPTION:

| REGISTERED NO. | CERTIFIED NO. | INSURED NO. |
|---|---|---|
| | 724989 | |

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☑ Addressee ☐ Authorized agent
Oliver J Phelps

4. DATE OF DELIVERY
4-28-81

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

POSTMARK FREDERICK, MD APR 28 1980 INITIALS

☆ GPO: 1978-272-382