No. [illegible]

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED--
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO [illegible]
STREET AND NO. [illegible]
P.O., STATE AND ZIP CODE [illegible]

POSTAGE		$
CERTIFIED FEE		¢
SPECIAL DELIVERY		¢
RESTRICTED DELIVERY		¢
RETURN RECEIPT SERVICE: SHOW TO WHOM AND DATE DELIVERED		¢
RETURN RECEIPT SERVICE: SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY		¢
RETURN RECEIPT SERVICE: SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY		¢
RETURN RECEIPT SERVICE: SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		¢
TOTAL POSTAGE AND FEES		$

CONSULT POSTMASTER FOR FEES — OPTIONAL SERVICES

POSTMARK OR DATE

2-12-77

PS Form 3800, Apr. 1976

PS Form 3811, Nov. 1976

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 .....25¢
- ☐ Show to whom, date, & address of delivery .....45¢
- ☒ RESTRICTED DELIVERY. Show to whom and date delivered .....85¢
- ☐ RESTRICTED DELIVERY. Show to whom, date, and address of delivery ..$1.05

(Fees shown are in addition to postage charges and other fees).

2. ARTICLE ADDRESSED TO:
[illegible]

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	231953	

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent

4. DATE OF DELIVERY [illegible]

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

POSTMARK: CITY, MD. AUG 1977

CLERK'S INITIALS

☆ GOP: 1976—O-203-456

No. [illegible]

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL
(See Reverse)

SENT TO [illegible]
STREET AND NO. [illegible]
P.O., STATE AND ZIP CODE [illegible]

POSTAGE		$
CERTIFIED FEE		¢
SPECIAL DELIVERY		¢
RESTRICTED DELIVERY		¢
RETURN RECEIPT SERVICE: SHOW TO WHOM AND DATE DELIVERED		¢
RETURN RECEIPT SERVICE: SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY		¢
RETURN RECEIPT SERVICE: SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY		¢
RETURN RECEIPT SERVICE: SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY		¢
TOTAL POSTAGE AND FEES		$

CONSULT POSTMASTER FOR FEES — OPTIONAL SERVICES

POSTMARK OR DATE

2-12-77

PS Form 3800, Apr. 1976

PS Form 3811, Nov. 1976

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 .....25¢
- ☒ Show to whom, date, & address of delivery .....45¢
- ☐ RESTRICTED DELIVERY. Show to whom and date delivered .....85¢
- ☐ RESTRICTED DELIVERY. Show to whom, date, and address of delivery ..$1.05

(Fees shown are in addition to postage charges and other fees).

2. ARTICLE ADDRESSED TO:
[illegible]

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	231952	

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ☒ Authorized agent

4. DATE OF DELIVERY [illegible] 13 77

5. ADDRESS (Complete only if requested) [illegible]

6. UNABLE TO DELIVER BECAUSE:

POSTMARK: SILVER SPRING, MD. AUG 1977

CLERK'S INITIALS

☆ GOP: 1976—O-203-456

LAW OFFICES
RONALD E. RESH
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UNIBANK BUILDING
51 MONROE STREET
ROCKVILLE MD 20850
(301) 762 7900

Exhibit 2
Filed Sept 1, 1977