385 47 FM 1984

PS Form 3811, Aug. 1978

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).
- [X] Show to whom and date delivered ____¢
- [ ] Show to whom, date, and address of delivery ____¢
- [X] 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:
Nelson Deckelbaum
7315 Wisconsin Avenue
Bethesda, Maryland 20014

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	P104835738	

(Always obtain signature of addressee or agent)

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

4. DATE OF DELIVERY

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

☆ GPO: 1978-272-382

PS Form 3811, Aug. 1978

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- [X] Show to whom and date delivered ____¢
- [ ] Show to whom, date, and address of delivery ____¢
- [X] 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:
Lumen F. Norris, Super. of Assessments
12 E. Church Street
Frederick, Maryland 21701

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	P104835734	

(Always obtain signature of addressee or agent)

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

4. DATE OF DELIVERY | POSTMARK

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

☆ GPO: 1978-272-382

PS Form 3811, Aug. 1978

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- [X] 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:
Ira C. Wolpert
7315 Wisconsin Avenue
Bethesda, Maryland 20014

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	P104835737	

(Always obtain signature of addressee or agent)

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

4. DATE OF DELIVERY | POSTMARK

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

☆ GPO: 1978-272-382