No. 572239

RECEIPT FOR CERTIFIED MAIL

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

SENT TO
Mr. and/or Mrs. Elliott DeMatta

STREET AND NO.
2022 Dundee Road

P.O., STATE AND ZIP CODE
Rockville, Maryland 20850

POSTAGE	$ 20
CERTIFIED FEE	75¢
SPECIAL DELIVERY	¢
RESTRICTED DELIVERY	¢
RETURN RECEIPT SERVICE: SHOW TO WHOM AND DATE DELIVERED	60¢
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	$1.55
POSTMARK OR DATE	FREDERICK, MD 21701 JUN 30 1984 RECD

CONSULT POSTMASTER FOR FEES — OPTIONAL SERVICES — RETURN RECEIPT SERVICE

PS Form 3800, Apr. 1976

No. 572238

RECEIPT FOR CERTIFIED MAIL

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

SENT TO
Mr. and/or Mrs. Elliott De

STREET AND NO.
9348 Woodsboro Pike

P.O., STATE AND ZIP CODE
Walkersville, Maryland 217

POSTAGE	$ 20
CERTIFIED FEE	75¢
SPECIAL DELIVERY	¢
RESTRICTED DELIVERY	¢
RETURN RECEIPT SERVICE: SHOW TO WHOM AND DATE DELIVERED	60¢
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	$1.55
POSTMARK OR DATE	FREDERICK, MD 21701 JUN 30 1984 RECD

CONSULT POSTMASTER FOR FEES — OPTIONAL SERVICES — RETURN RECEIPT SERVICE

PS Form 3800, Apr. 1976

PS Form 3811, Dec. 1980

● SENDER: Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
- ☐ Show to whom and date delivered ..... ¢
- ☒ Show to whom, date, and address of delivery .. ¢
- 2. ☐ RESTRICTED DELIVERY ¢
  (*The restricted delivery fee is charged in addition to the return receipt fee.*)

TOTAL $

3. ARTICLE ADDRESSED TO:
Mr. and/or Mrs. Elliott DeMatta
2022 Dundee Road
Rockville, Maryland 20850

4. TYPE OF SERVICE: ☐ REGISTERED ☐ INSURED ☐ CERTIFIED ☐ COD ☐ EXPRESS MAIL

ARTICLE NUMBER: 572239

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☐ Addressee ☐ Authorized agent
X Elliott R. DeMatta

5. DATE OF DELIVERY: JUL 12 1984

6. ADDRESSEE'S ADDRESS (*Only if requested*)

POSTMARK: JUL 12 1984

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

PS Form 3811, Dec. 1980

● SENDER: Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
- ☐ Show to whom and date delivered ..... ¢
- ☒ Show to whom, date, and address of deliv.. ¢
- 2. ☐ RESTRICTED DELIVERY ¢
  (*The restricted delivery fee is charged in addition to the return receipt fee.*)

TOTAL $

3. ARTICLE ADDRESSED TO:
Mr. and/or Mrs. Elliott DeMatta
9348 Woodsboro Pike
Walkersville, Maryland 21793

4. TYPE OF SERVICE: ☐ REGISTERED ☐ INSURED ☐ CERTIFIED ☐ COD ☐ EXPRESS MAIL

ARTICLE NUMBER: 572238

(Always obtain signature of addressee or agent)

I have received the article described above.
SIGNATURE ☒ Addressee ☐ Authorized agent
X [illegible]

5. DATE OF DELIVERY: 7-10-84

6. ADDRESSEE'S ADDRESS (*Only if requested*)
Main P.O. 21793

POSTMARK: FREDERICK, MD JUL 10 1984

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

DAVID E. ALDRIDG
ATTORNEY AT LAW
120 WEST CHURCH STR
FREDERICK, MARYLAND
(301) 663-5191