P 338 185 330

RECEIPT FOR CERTIFIED MAIL

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

SENT TO
Bernard Walter
STREET AND NO.
5402 Hines Road
P.O., STATE AND ZIP CODE
Frederick, MD 21701

POSTAGE $
CERTIFIED FEE ¢
SPECIAL DELIVERY ¢
RESTRICTED DELIVERY ¢
SHOW TO WHOM AND DATE DELIVERED ¢
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY ¢
RESTRICTED DELIVERY ¢
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY RESTRICTED DELIVERY ¢
CONSULT POSTMASTER FOR FEES
OPTIONAL SERVICES
RETURN RECEIPT SERVICE
TOTAL POSTAGE AND FEES $
POSTMARK OR DATE
sent 4/7/83

PS Form 3800, Apr. 1976

PS Form 3811, Jan. 1979

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:
Bernard S. Walter
5402 Hines Road
Frederick, MD 21701

3. ARTICLE DESCRIPTION:
REGISTERED NO. | CERTIFIED NO. 185 330 | INSURED NO.

(Always obtain signature of addressee or agent)

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

4. DATE OF DELIVERY 04-09-83
POSTMARK FREDERICK, MD APR 9 1983

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:
CLERK'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

☆GPO : 1979-300-459

P 338 185 329

RECEIPT FOR CERTIFIED MAIL

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

SENT TO
Joan McGuire
STREET AND NO.
246 Walgrove Road
P.O., STATE AND ZIP CODE
Reisterstown, MD

POSTAGE $
CERTIFIED FEE ¢
SPECIAL DELIVERY ¢
RESTRICTED DELIVERY ¢
SHOW TO WHOM AND DATE DELIVERED ¢
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY ¢
RESTRICTED DELIVERY ¢
SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY RESTRICTED DELIVERY ¢
CONSULT POSTMASTER FOR FEES
OPTIONAL SERVICES
RETURN RECEIPT SERVICE
TOTAL POSTAGE AND FEES $
POSTMARK OR DATE
sent 4/7/83

PS Form 3800, Apr. 1976

PS Form 3811, Jan. 1979

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:
Joan McGuire
246 Walgrove Road
Reisterstown, MD

3. ARTICLE DESCRIPTION:
REGISTERED NO. | CERTIFIED NO. 185 329 | INSURED NO.

(Always obtain signature of addressee or agent)

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

4. DATE OF DELIVERY 4/9/83
POSTMARK REISTERSTOWN, MD APR 9 1983

5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:
CLERK'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

☆GPO : 1979-300-459

SENSTOCK, BURGEE
& WELTY, P.A.
FREDERICK, MARYLAND