P 338 185 338

RECEIPT FOR CERTIFIED MAIL

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

SENT TO
Margaret Karasa

STREET AND NO.
2301 Mountain Road

P.O., STATE AND ZIP CODE
Joppa, MD 21085

POSTAGE $

CERTIFIED FEE

SPECIAL DELIVERY

RESTRICTED DELIVERY

SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY

OPTIONAL SERVICES

CONSULT POSTMASTER FOR FEES

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:
Margaret Karasa
2301 Mountain Road
Joppa, MD 21085

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	185 338	

(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 : 1979-300-169

P 338 185 340

RECEIPT FOR CERTIFIED MAIL

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

SENT TO
Donna Fisher

STREET AND NO.
2722 Norfen Road

P.O., STATE AND ZIP CODE
Baltimore, MD 21227

POSTAGE $

CERTIFIED FEE

SPECIAL DELIVERY

RESTRICTED DELIVERY

SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY

OPTIONAL SERVICES

CONSULT POSTMASTER FOR FEES

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:
Donna Fisher
2722 Norfen Road
Baltimore, MD 21227

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	185 340	

(Always obtain signature of addressee or agent)

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

Robert H. Fisher

4. DATE OF DELIVERY
APR 9 1983

POSTMARK
BALTIMORE, 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

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