PS Form 3811, July 1983

DOMESTIC RETURN RECEIPT

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

1. ☐ Show to whom, date and address of delivery.
2. ☒ Restricted Delivery.

3. Article Addressed to:
North American Philips
Corp. Trust, Inc.
32 South Street
Baltimore, MD 21202

4. Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail

Article Number
P338185489

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature – Addressee
X

6. Signature – Agent
The Corporation Trust Incorporated
X 32 South Street D. Benbrow
Baltimore, Maryland 21202-3242

7. Date of Delivery
JUN 30 1986

8. Addressee's Address *(ONLY if requested and fee paid)*

P 338 185 489

RECEIPT FOR CERTIFIED MAIL

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

SENT TO North American Philips
Corp Trust, Inc
STREET AND NO
32 South Street
P.O., STATE AND ZIP CODE
Baltimore, MD 21202

POSTAGE	$
CERTIFIED FEE	¢
SPECIAL DELIVERY	¢
RESTRICTED DELIVERY	¢
SHOW TO WHOM, DATE, DELIVERED	¢
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	¢
RESTRICTED DELIVERY	¢
SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY, RESTRICTED DELIVERY	¢
TOTAL POSTAGE AND FEES	$
POSTMARK OR DATE	

6/27/86

CONSULT POSTMASTER FOR FEES — OPTIONAL SERVICES — RETURN RECEIPT SERVICE

PS Form 3800, Apr. 1976

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