SENDER: Complete items 1 and 2 when additional service(s) are desired, and complete items 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 additional service(s) requested.

1. ☐ Show to whom delivered, date, and addressee's address. 2. ☐ Restricted Delivery.

3. Article Addressed to:

Mr. & Mrs. Peter S. Kennedy
8106 Cambridge Drive
Frederick, MD 21701

4. Article Number
P 724 063 397

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

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Addressee
X Peter S. Kennedy

6. Signature — Agent
X

7. Date of Delivery
8-12-88

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

AUG 12 1988 MASC. FREDERICK

PS Form 3811, Feb. 1986 DOMESTIC RETURN RECEIPT

P 724 063 397

**RECEIPT FOR CERTIFIED MAIL**

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

| | |
|---|---|
| Sent to Kennedy | |
| Street and No. | |
| P.O., State and ZIP Code | |
| Postage | $ |
| Certified Fee | |
| Special Delivery Fee | |
| Restricted Delivery Fee | |
| Return Receipt showing to whom and Date Delivered | |
| Return Receipt showing to whom, Date, and Address of Delivery | |
| TOTAL Postage and Fees | $ |
| Postmark or Date 8/4/88 | |

PS Form 3800, June 1985