

P 925 383 067

RECEIPT FOR CERTIFIED MAIL

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

Sent to	
Ms. Flora Louise Lane	
Street and No.	
12952 Old Frederick Road	
P.O., State, and ZIP Code	
Rocky Ridge, Maryland	
Postage	\$ 2177
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	
2/10/89 SMH	

PS Form 3800, June 1985

● **SENDER:** Complete items 1 and 2 when additional services 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 (Extra charge)

3. Article Addressed to:	4. Article Number
Ms. Flora Louise Lane 12952 Old Frederick Road Rocky Ridge, Maryland 21778	P 925 383 067
5. Signature - Addressee	Type of Service:
X Flora Louise Lane	<input type="checkbox"/> Registered <input type="checkbox"/> Insured
6. Signature - Agent	<input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD
X	<input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
7. Date of Delivery	Always obtain signature of addressee or agent and DATE DELIVERED:
	8. Addressee's Address (ONLY if requested and fee paid)
	RECEIVED FEB 16 1989

PS Form 3811, Mar. 1988 * U.S.G.P.O. 1988-212-865 DOMESTIC RETURN RECEIPT