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P 770 827 871

RECEIPT FOR CERTIFIED MAIL

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

PS Form 3800, June 1985

Sent to Marshall Ray Seiss	
Street and No. 12503 Creagerstown Road	
P.O., State and ZIP Code Rocky Ridge, Maryland 21778	
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	$5.25
Postmark or Date SMFH 2/3/89	

● **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. *(Extra charge)*
2. ☒ Restricted Delivery *(Extra charge)*

3. Article Addressed to:
Marshall Ray Seiss
12503 Creagerstown Road
Rocky Ridge, Maryland
21778

4. Article Number
P 770 827 871

Type of Service:
☐ Registered ☐ Insured
☒ Certified ☐ COD
☐ Express Mail ☐ Return Receipt for Merchandise

Always obtain signature of addressee or agent and DATE DELIVERED.

5. Signature — Address
X Ray Seiss

6. Signature — Agent
X

7. Date of Delivery
2/4/89

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

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

LAW OFFICES
MILES & STOCKBRIDGE
FREDERICK, MARYLAND