| ž  | 의 를   | E FINANCE /  | VICES STATE OF THE | JANOIT90  | POSTM   |
|--|---|--|--|---|---|
| -  | NECE<br>NO I  | SENT<br>STREET   | STER FOR FEES  | CONSULT POSTMAS   |   |
|  |   |  |  |   | PS Form 3800, Apr. 1976   |
|  |   | No. of the last of | Company of the Company of the Company  |   | UTF TO EST. TO  |
| 103  |   |  |  |   |   |
| <ul> <li>SENDER: Complete items 1, 2, and 3.</li> <li>Add your address in the "RETURN TO" space on reverse.</li> </ul> | 1. The following service is requested (check one).  Show to whom and date delivered | Show to whom and date delivered  | 2. ARTICLE ADDRESSED TO: 3. ARTICLE DESCRIPTION: REGISTERED NO.   CERTIFIED NO.   INSURED NO.  | isys obtain signature of addressee or ceived the article described above: | 5. ADDRESS (Complete only if requested) 6. UNABLE TO DELIVER BECAUSE: |

No. 954053

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—

NOT FOR INTERNATIONAL MAIL

(See Reverse)

POSTAGE

CENTIFIED FEE

OPTIONAL SERVICES

OPTIONAL SERVICE

SPECIAL DELIVERY

RESTRICTED DELIVERY

ADDRESS OF DELIVERY

TITLE SHOW TO WHOM, DATE, AND

TITLE SHOW

☆ GOP: 1976—O-203-456

2/18

POSTAGE AND I

| Form                    | <ul> <li>SENDER: Complete items 1, 2, and 3.</li> <li>Add your address in the "RETURN TO" space on reverse.</li> </ul> |  |  |  |  |  |  |  |  |
|-------------------------|--|--|--|--|--|--|--|--|--|
| PS Form 3811, Nov. 1976 | 1. The following service is requested (check one).  Show to whom and date delivered                                    |  |  |  |  |  |  |  |  |
| RETURN RECEIPT, RI      | 2. ARTICLE ADDRESSED TO:  3. ARTICLE DESCRIPTION: REGISTERED NO.   CERTIFIED NO.   INSURED NO.   GT. 441               |  |  |  |  |  |  |  |  |
| EGIS                    | (Always obtain signature of addressee or agent)  |  |  |  |  |  |  |  |  |
| REGISTERED,             | I have received the article described above.   |  |  |  |  |  |  |  |  |
| ED, INSURED             | Authorized agent  Authorized agent  Authorized agent  Authorized agent  Authorized agent  Authorized agent  POSTMARK   |  |  |  |  |  |  |  |  |
|                         | Olivis 1. Hanson   |  |  |  |  |  |  |  |  |

SENDER: Complete items 1, 2, and 3.

☆ GOP: 1976-O-203-456

## No. 954051

## RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED-NOT FOR INTERNATIONAL MAIL

(See Reverse)

|                         | SEN                         | To     | 1               | 10 N/2  | /     |  |  |  |  |  |
|-------------------------|-----------------------------|--------|-----------------|---|-------|--|--|--|--|--|
|                         | STREET AND NO.              |        |                 |   |       |  |  |  |  |  |
| ı                       | P.O., STATE AND ZIP CODE    |        |                 |   |       |  |  |  |  |  |
|                         | POS                         | STAG   | \$ 15           |   |       |  |  |  |  |  |
|                         | 11                          | CER    | TIFIE           | 80 ¢  |       |  |  |  |  |  |
|                         | EES                         |        | SPE             | CIAL DELIVERY   | ¢     |  |  |  |  |  |
|                         | 3                           |        | RES             | TRICTED DELIVERY  | ¢     |  |  |  |  |  |
|                         | CONSULT POSTMASTER FOR FEES | WICES  | RVICE           | SHOW TO WHOM AND DATE DELIVERED   | 45 6  |  |  |  |  |  |
|                         |                             | VAL SE | RECEIPT SERVICE | SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY                               | ¢     |  |  |  |  |  |
|                         | SULT P                      | OPTIO  | N RECE          | SHOW TO WHOM AND DATE<br>DELIVERED WITH RESTRICTED<br>DELIVERY            | ¢     |  |  |  |  |  |
|                         | SO                          |        | RETUR           | SHOW TO WHOM, DATE AND<br>ADDRESS OF DELIVERY WITH<br>RESTRICTED DELIVERY | ¢     |  |  |  |  |  |
| PS Form 3800, Apr. 1976 |                             |        |                 | TAGE AND FEES   | \$140 |  |  |  |  |  |
| vpr.                    | POSTMARK OR DATE            |        |                 |   |       |  |  |  |  |  |
| 00, A                   | (6161)                      |        |                 |   |       |  |  |  |  |  |
| n 38                    |                             |        |                 |   |       |  |  |  |  |  |
| Forn                    |                             |        | 1               | 823 0   |       |  |  |  |  |  |
| PS                      |                             |        |                 | MACE  |       |  |  |  |  |  |

|           | 1 2  |  | S  | ST | S. 8  | 5                        | FOR FEE | <b>ASTER</b> | MTZO  | q I.                    | INSNO  | 3                           | ۲                   | ă .                                     | Villa III |  |  |
|-----------|--|--|--|----|---|--------------------------|---------|--------------|---|-------------------------|--|-----------------------------|---------------------|---|-----------|--|--|
|           | -47  |  |  |    | 1   |                          |         | 1.8          |   |                         |  |                             | 9261                | .1qA ,0                                 | 088 mrc   | PS F   |  |
| P         | -3   |  |  |    |   |                          |         |              |   |                         |  |                             |                     |   |           |  | 1  |
|           |  |  |  |    |   |                          |         |              |   |                         |  |                             |                     |   |           |  |  |
|           |  |  |  |    |   |                          |         | NE .         |   |                         |  | 19                          | 0.                  |   | ,         | a  | 1  |
| 176600128 | 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, date, & address of delivery45¢ |    | Show to whom, date, and address of delivery\$1.05 (Fees shown are in addition to postage charges and other fees). | 2. ARTICLE ADDRESSED TO: | ETURN R | RIPTION:     | The Grant Figure 1 of 1 o | (Always obtain signatur | I have received the article described above. | The Ames Sing Sing Son ESBO | 4. DATE OF DELIVERY | 5. ADDRESS (Complete only if requested) | 6161      | 6. UNABLE TO DELIVER BECAUSE: BLERK'S INITIALS | The state of the s |
|           |  |  |  |    |   |                          |         |              | .,  |                         |  | ,                           |                     |   |           |  |  |

No. 954050

CEIPT FOR CERTIFIED MAIL NO INSURANCE COVERAGE PROVIDED-NOT FOR INTERNATIONAL MAIL

(See Reverse)

SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY SHOW TO WHOM AND DATE DELIVERED RESTRICTED DELIVERY SPECIAL DELIVERY STATE AND ZIP CODE CERTIFIED FEE RETURN RECEIPT SERVICE **OPTIONAL SERVICES** 

☆ GOP: 1976—O-203-456

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TAL POSTAGE AND FEES

STMARK OR DATE

| S Form               | Add your address in the "RETURN TO" space on reverse.  |                  |  |  |  |  |  |  |  |
|----------------------|--|------------------|--|--|--|--|--|--|--|
| Form 3811, Nov. 1976 | 1. The following service is requested (check one).  Show to whom and date delivered  |                  |  |  |  |  |  |  |  |
| RETURN RECEIPT.      | 2. ARTICLE ADDRESSED TO:   |                  |  |  |  |  |  |  |  |
|                      | 3. ARTICLE DESCRIPTION: REGISTERED NO.   CERTIFIED NO.   95.4052   | INSURED NO.      |  |  |  |  |  |  |  |
| SIS                  | (Always obtain signature of address  | ee or agent)     |  |  |  |  |  |  |  |
| REGISTERED, INSURED  | I have received the article described above.  SIGNATURE Addressee Authorized agent  4. DATE OF DELIVERY  DATE OF DELIVERY  5. ADDRESS (Complete only if requested) |                  |  |  |  |  |  |  |  |
| AND                  |  |                  |  |  |  |  |  |  |  |
| CERTIFIED MAIL       | 6. UNABLE TO DELIVER BECAUSE:  | CLERK'S INITIALS |  |  |  |  |  |  |  |
|                      |  |                  |  |  |  |  |  |  |  |

No. 954052

## RECEIPT FOR CERTIFIED MAIL

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

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|-----------------|------------------------------|----------|---------|---|---|---|--|--|--|
|                 | Marinie R Varlourne          |          |         |   |   |   |  |  |  |
|                 | STREET AND NO.               |          |         |   |   |   |  |  |  |
| 1               | PO                           | ST       | 1       |   |   |   |  |  |  |
|                 | 0                            | 1        | 19496   |   |   |   |  |  |  |
| - 1             | POS                          | STAG     | \$15    |   |   |   |  |  |  |
|                 | EES                          | CEF      | RTIFIE  | 80 4  |   |   |  |  |  |
|                 |                              |          | SPE     | CIAL DELIVERY   | ¢   |   |  |  |  |
|                 | RF                           |          | RES     | TRICTED DELIVERY  | ¢   |   |  |  |  |
|                 | STER FO                      | SERVICES | RVICE   | SHOW TO WHOM AND DATE DELIVERED   | 45  |   |  |  |  |
|                 | DSTMA                        | H        | ¥       | RECEIPT SERVICE   | SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY | ¢ |  |  |  |
|                 | CONSULT POSTMASTER FOR FEES  | OPTION   | IN RECE | SHOW TO WHOM AND DATE<br>DELIVERED WITH RESTRICTED<br>DELIVERY            | ¢   |   |  |  |  |
|                 | NOO                          |          | RETUR   | SHOW TO WHOM, DATE AND<br>ADDRESS OF DELIVERY WITH<br>RESTRICTED DELIVERY | ¢   |   |  |  |  |
| 1976            | TOTAL POSTAGE AND FEES \$/40 |          |         |   |   |   |  |  |  |
| 3800, Apr. 1976 | POSTMARK OR PATE             |          |         |   |   |   |  |  |  |
| 38              |                              |          | 1.      | C FFB   |   |   |  |  |  |

☆ GOP: 1976-O-203-456