

DOCUMENT NO.
12849-16
12/23/76

Is your RETURN

6. Signature Agent
Robert M. Campbell

PS Form 3811, December 1991 U.S. GPO 1989-285-714

DOMESTIC RETURN RECEIPT

Public Phone
3 Canale Drive
Egg Harbor Township NJ 08232-

960326

3. Article Addressed to:

4a. Article Number
960326

4b. Service Type
 Registered Insured
 Certified COD
 Express Mail Return Receipt for Merchandise

7. Date of Delivery
1/25/76

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

5. **SENDER:**
 • Complete items 1 and/or 2 for additional services.
 • Complete items 3, and 4a & b.
 • Print your name and address on the reverse of this form so that we can return this card to you.
 • Attach this form to the front of the package, or on the back if space does not permit.
 • Write "Return Receipt Requester" on the margins below the article number.
 • The Return Receipt will show to whom the article was delivered and the date delivered.

1. Addressee's Address
 2. Restricted Delivery
 Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):

Thank you for using Return Receipt Service.