

ORIGINAL
FILE COPY

910303-TC

Complete items 1 and 2 when additional services are desired, and complete items 3 and 4 in the "RETURN TO" boxes on the reverse side. Failure to do this will prevent this card from being used to trace the origin of mail and identify the name of the person delivered to and the postmaster for whom the mail is delivered. For information, the following services are available: 1. Registered Mail (extra charge) 2. Certified Delivery (extra charge)

1. Addressee's Name Attn: James Quinn P.O. Box 9876 Kansas City, Mo., Mo. 64101-0876	4. Article Number 78843
2. Addressee's Address Kansas City, Mo., Mo. 64101-0876	Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail <input type="checkbox"/> Insured <input type="checkbox"/> COD <input type="checkbox"/> Return Receipt for Merchandise
3. Return to Agent James Buckley Date of Delivery 5-24-91	Always obtain signature of addressee or agent and DATE DELIVERED. 5. Addressee's Address (ONLY if requested and fee paid)

U.S. G.P.O. 1989-200-015 DOMESTIC RETURN RECEIPT

- ACK _____
- AFA _____
- APP _____
- CAF _____
- CMU _____
- CTR _____
- EAG _____
- LEG _____
- LIN _____
- OPC _____
- RCH _____
- SEC 1
- WAS _____
- OTH _____

DOCUMENT NUMBER-DATE

04875 MAY 16 1991

SC-RECORDS/REPORTING