

PS Form 3811, Dec. 1980

● **SENDER:** Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space
on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
- Show to whom and date delivered —¢
 - Show to whom, date, and address of delivery .. —¢
2. **RESTRICTED DELIVERY** —¢
(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. ARTICLE ADDRESSED TO:

UECA
P.O. Box 48
Herm 97838

- 4. TYPE OF SERVICE:**
- REGISTERED INSURED
 - CERTIFIED COD
 - EXPRESS MAIL

ARTICLE NUMBER
P459943 734

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent

David B. Mattox

5. DATE OF DELIVERY

POSTMARK

886T
JAN 6 1981

6. ADDRESSEE'S ADDRESS (Only if requested)

7. UNABLE TO DELIVER BECAUSE:

7a. EMPLOYEE'S INITIALS

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

PS Form 3811, Dec. 1980

SENDER: Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).
- Show to whom and date delivered —¢
 - Show to whom, date, and address of delivery.. —¢
 - 2. **RESTRICTED DELIVERY** —¢
(The restricted delivery fee is charged in addition to the return receipt fee.)
- TOTAL \$** _____

3. **ARTICLE ADDRESSED TO:**
Harman Dellandess
c/o Jill Stone
Send

4. TYPE OF SERVICE: <input type="checkbox"/> REGISTERED <input type="checkbox"/> INSURED <input checked="" type="checkbox"/> CERTIFIED <input type="checkbox"/> COD <input type="checkbox"/> EXPRESS MAIL	ARTICLE NUMBER <i>P459 943 737</i>
---	--

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent

Jill Stone

5. **DATE OF DELIVERY** _____ **POSTMARK**



6. **ADDRESSEE'S ADDRESS** (Only if requested)

7. UNABLE TO DELIVER BECAUSE:	7a. EMPLOYEE'S INITIALS <i>[Handwritten initials]</i>
--------------------------------------	---

RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL

- **SENDER:** Complete items 1, 2, 3, and 4.
Add your address in the "RETURN TO" space
on reverse.

(CONSULT POSTMASTER FOR FEES)

1. The following service is requested (check one).

- Show to whom and date delivered —¢
 Show to whom, date, and address of delivery.. —¢

2. **RESTRICTED DELIVERY** —¢

(The restricted delivery fee is charged in addition to the return receipt fee.)

TOTAL \$ _____

3. **ARTICLE ADDRESSED TO:**

*meachon Telephone Co.
P.O. Box 924
Helix 99835*

4. **TYPE OF SERVICE:**

- REGISTERED INSURED
 CERTIFIED COB
 EXPRESS MAIL

ARTICLE NUMBER

P459943738

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized agent

K. Betty Smith

5. **DATE OF DELIVERY**

POSTMARK

*JAN
28
1983*

6. **ADDRESSEE'S ADDRESS** (Only if requested)

7. **UNABLE TO DELIVER BECAUSE:**

- 7a. **EMPLOYEE'S INITIALS**

DM