PS Form	SENDER: Com: ans 1, 2, and 3. Add diverse in the "RETURN TO" space on reverse.
3811, Jan. 1979	1. The following service is requested (check one.)  Show to whom and date delivered
	(CONSULT POSTMASTER FOR FEES)
RETURN	2. ARTICLE ADDRESSED TO: M. Michael D. Newman P.O. Box 102
JRN R	Umatilia.
RECEIPT,	3. ARTICLE DESCRIPTION: REGISTERED NO. CERTIFIED NO. INSURED NO.
REGI	(Always obtain signature of addresses or agent)
STERED, INSURED	Thave received the article described above.  SIGNATURE DAddressee DAuthorized agent
ACIRCA	4. 7-81 380
NO CERTI	5. ADDRESS (Complete only if requested)
FIED MAIL	6. UNABLE TO DELIVER BECAUSE:
	☆GPO: 1979-300-459