

19 ADAM STREET - 84-2-19

Form 3811, Oct. 1980
House
Rc: 84-2-19
RETURN RECEIPT, REGISTERED, INSURED AND CERTIFIED MAIL
1/10/84
-add

● **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:**
Mr. William Hollenback
712 Buck Lane
Haverford, PA 19041

4. **TYPE OF SERVICE:** **ARTICLE NUMBER**
 REGISTERED INSURED
 CERTIFIED COD
 EXPRESS MAIL
934 987

(Always obtain signature of addressee or agent)
I have received the article described above.
SIGNATURE Addressee Authorized agent
William Hollenback

5. **DATE OF DELIVERY**

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

7. **UNABLE TO DELIVER BECAUSE:** **7b. EMPLOYEE'S INITIALS**
KA

RECEIVED
JAN 21 1984
POST OFFICE
Haverford, PA
USPS