



FORM REV 62 0019 (11/0/74)

RECEIPT FOR CERTIFIED MAIL—30 (plus postage)

SENT TO *Mr. A. J. Smith* POSTAGE PAID OR DATE *10/10/60*

STREET AND NO. *1234 Main St.*

P.O. BOX NO. *100*

CITY *Springfield* STATE *Ill.* ZIP CODE *62701*

POSTAL SERVICE FOR ADDITIONAL FEES

RETURN TO SENDER ☒ (to ensure safe delivery)

REGISTERED MAIL ☐ (to ensure safe and secure delivery)

INSURANCE ☐ (to insure contents up to \$500)

POSTAGE *50¢*

PS Form 3800, 1-60-00 **NO ADDITIONAL CHARGES PROVIDED FOR INTERNATIONAL MAIL** (See other side)

SENTED to sure in yellow ink, attention on other side
 PLEASE FURNISH SERVICE(S) INDICATED BY CHECKED BLOCK(S)
 (Additional charges required for these services)
☐ Show addressee where delivered ☒ Deliver ONLY to addressee
 RECEIPT
 Received the a. checked article, date: Nov 1960
 SIGNED BY OR NAME OF ADDRESSEE (must always be filled in)
 William L. Cross
 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY
 CERTIFIED NO. 974671
 INSURED NO.
 DATE DELIVERED
 SHAW W. S. DELIVERED TO AGENT'S RESIDENCE 811 8th St.
 1-24-71