

Dr. Messer 127884

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED—
NOT FOR INTERNATIONAL MAIL

(See Reverse) *Forest*

SENT TO *Publications Dept*

STREET AND NO. *4200 Keweenaw Way*

P.O. STATE AND ZIP CODE *Lake Oswego Or.*

POSTAGE \$

CONSULT POSTMASTER FOR FEES	CERTIFIED FEE	\$	
	SPECIAL DELIVERY	\$	
	RESTRICTED DELIVERY	\$	
	OPTIONAL SERVICES	SHOW TO WHOM AND DATE DELIVERED	\$
		SHOW TO WHOM, DATE, AND ADDRESS OF DELIVERY	\$
		SHOW TO WHOM AND DATE DELIVERED WITH RESTRICTED DELIVERY	\$
		SHOW TO WHOM, DATE AND ADDRESS OF DELIVERY WITH RESTRICTED DELIVERY	\$
RETURN RECEIPT SERVICE	\$		
TOTAL POSTAGE AND FEES	\$		

POSTMARK OR DATE

STEVENSON, MD
NOV 10 P.M. 1983

FORM REV 62 0048 (1-81)