

127884
 RECEIPT FOR CERTIFIED MAIL
 NO INSURANCE COVERAGE PROVIDED—
 NOT FOR INTERNATIONAL MAIL
 (See Reverse)
 SENT TO *Pub. Books & Period.*
 STREET AND NO. *4000 Kuna Way*
 P.O., STATE AND ZIP CODE *Hale Oa, Hawaii*
 POSTAGE \$
 CERTIFIED FEE \$
 SPECIAL DELIVERY \$
 RESTRICTED DELIVERY \$
 RETURN RECEIPT SERVICE \$
 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 \$
 TOTAL POSTAGE AND FEES \$
 POSTMARK OR DATE *ST. LOUIS, MO. NOV 10 P.M. 1983*

BOOK G PAGE 844

AUDITOR'S RECORDING NUMBER

FORM REV 62 0048 (1-81)