

Form 3813

7 received  
**RECEIPT FOR INSURED MAIL**

GPO

16-13285

No. **10195**Postage **14** cts.Insurance  
fee paid **5** cts.

Fragile -----

Perishable -----

Eggs -----

DOMESTIC (Including Canada and Newfoundland)

## FEES

5c	-----	Value up to	\$5
10c	-----	Value up to	\$25
15c	-----	Value up to	\$50
25c*	-----	Value up to	\$100
30c	-----	Value up to	\$150
35c	-----	Value up to	\$200

## INDEMNITY

\*Maximum chargeable to Newfoundland. Apply at post office window for information concerning fees applicable to insured mail for foreign countries.

Fee paid for return receipt ----- cts.

Restricted delivery fee ----- cts.

Special delivery fee ----- cts.

Special handling charge ----- cts.

(Postmark of

Mailing Office)

POSTMASTER,

By -----

Accepting employee will place his initials in spaces applicable to indicate endorsements and insert the fees paid.

The sender should write the name of the addressee on back hereof as an identification. Preserve and submit this receipt in case of inquiry or application for indemnity. Indemnity claims must be filed within 6 months from date of mailing.