Form 3813

No. 15082

Postage 10 cts.

Insurance fee paid 5 cts.

Fragile _____

Perishable _____

Eggs _____

RECEIPT FOR INSURED MAIL

DOMESTIC (Including Canada and Newfoundland)

FEES	INDEMNITY
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

*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.

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.

GPO 16—13285

(Postmark of Mailing Office)

POSTMASTER,

By _____