

Form 3813

RECEIPT FOR INSURED MAIL

GPO 16-13285

No. 17462

Postage 12 cts.

Insurance fee paid 10 cts.

Fragile _____

Perishable _____

Eggs _____

DOMESTIC (Including Canada and Newfoundland)

| FEE | 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 |

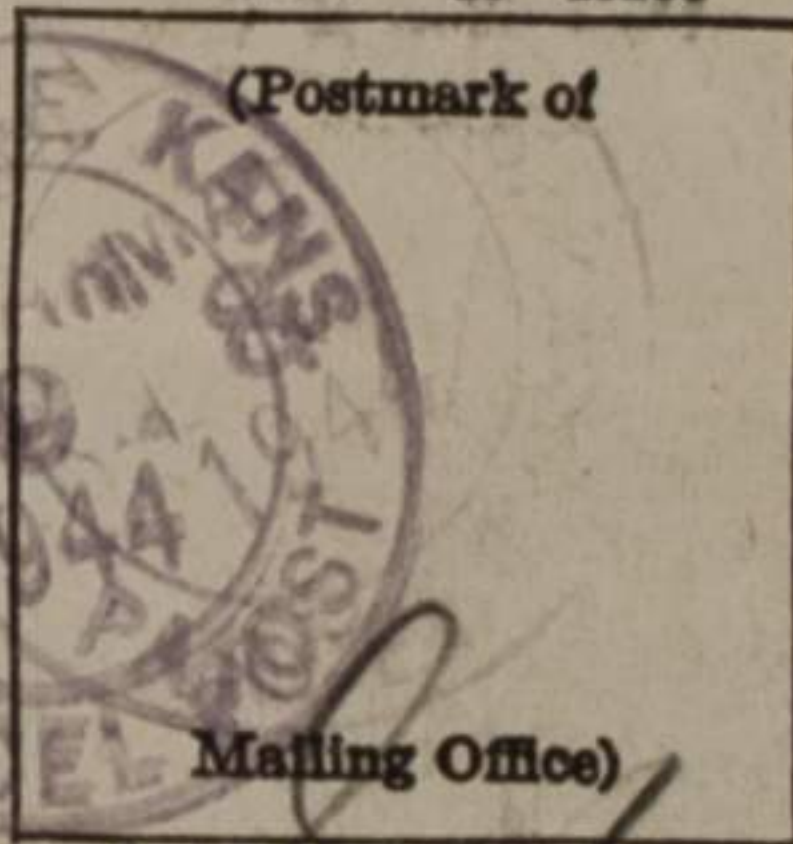
*Maximum chargeable to Newfoundland. Apply at post office window for information concerning fees applicable to insured mail for foreign countries.

Fee paid for return receipt _____ cts.

Restricted delivery fee _____ cts.

Special delivery fee _____ cts.

Special handling charge _____ cts.



POSTMASTER,

By [Signature]

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.