

Form 3813

RECEIPT FOR INSURED MAIL

CAUTION—Indemnity will not be paid unless this receipt or other equivalent evidence of insurance is submitted.

No. 1739

Postage 11 cts.

Insurance fee 10 cts.

Return receipt _____ cts. Restricted delivery _____ cts.

Special delivery _____ cts. Special handling _____ cts.

Fragile _____ Perishable _____

Other endorsement _____

NOTICE TO SENDER.—Enter below name and complete address of addressee. Show also if addressed in care of person, hotel, etc.

SENT TO _____

—READ OTHER SIDE REGARDING ENDORSEMENTS AND INDEMNITY.

THIS RECEIPT UNTIL PARCEL IS ACCOUNTED FOR

(Postmark of



Mailing Office)

c9-16-13285-6

POSTMASTER,

By [Signature]