

Form 3813

RECEIPT FOR INSURED MAIL

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

No. 5423

Postage 16 cts.

Insurance fee 10 cts.

Return receipt _____ cts. Restricted delivery _____ cts.

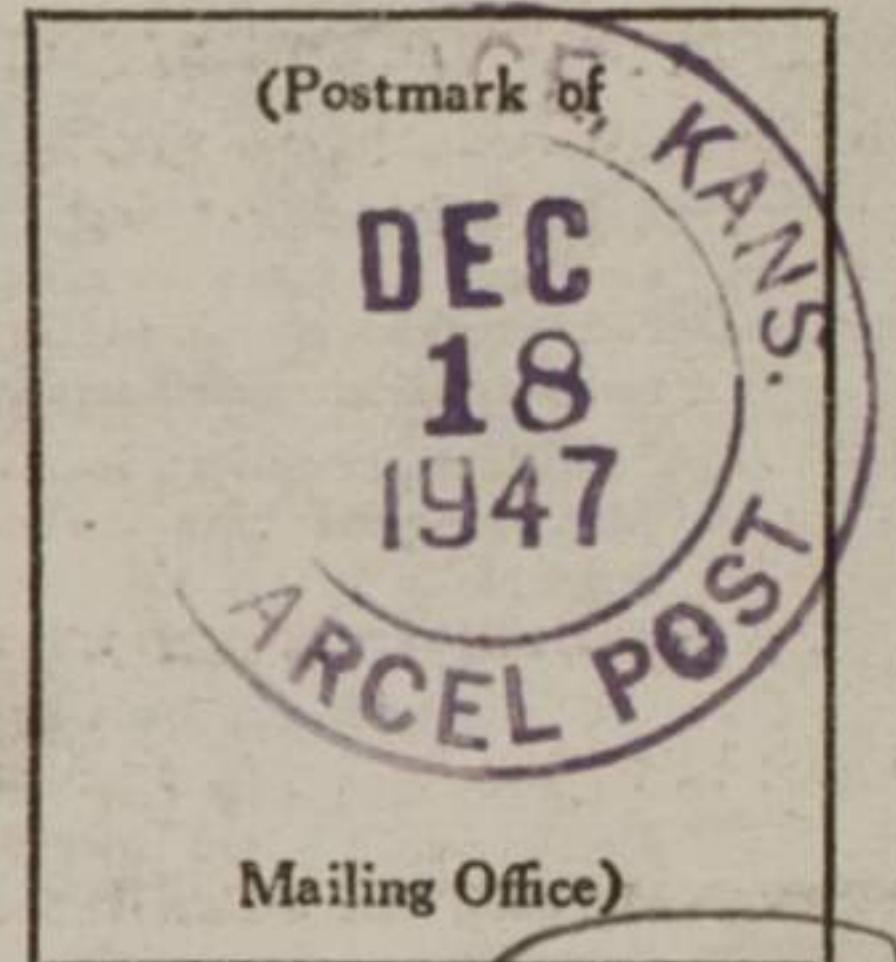
Special delivery _____ cts. Special handling _____ cts.

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.

ENT TO _____



IMPORTANT.—READ OTHER SIDE REGARDING ENDORSEMENTS AND INDEMNITY.

SAVE THIS RECEIPT UNTIL PARCEL IS ACCOUNTED FOR