

Form 3813-B

## RECEIPT FOR INSURED PARCEL

ADDRESSED FOR DELIVERY AT POST OFFICE NAMED BELOW—FEE PAID 3¢—INDEMNITY UP TO \$5

*Godfrey*  
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(Post office of address) WRITE PLAINLY (State)

CAUTION—INDEMNITY WILL NOT BE PAID UNLESS THIS RECEIPT OR  
OTHER EQUIVALENT EVIDENCE OF INSURANCE IS SUBMITTED.

Postage *5* ----- cts. Special handling ----- cts.

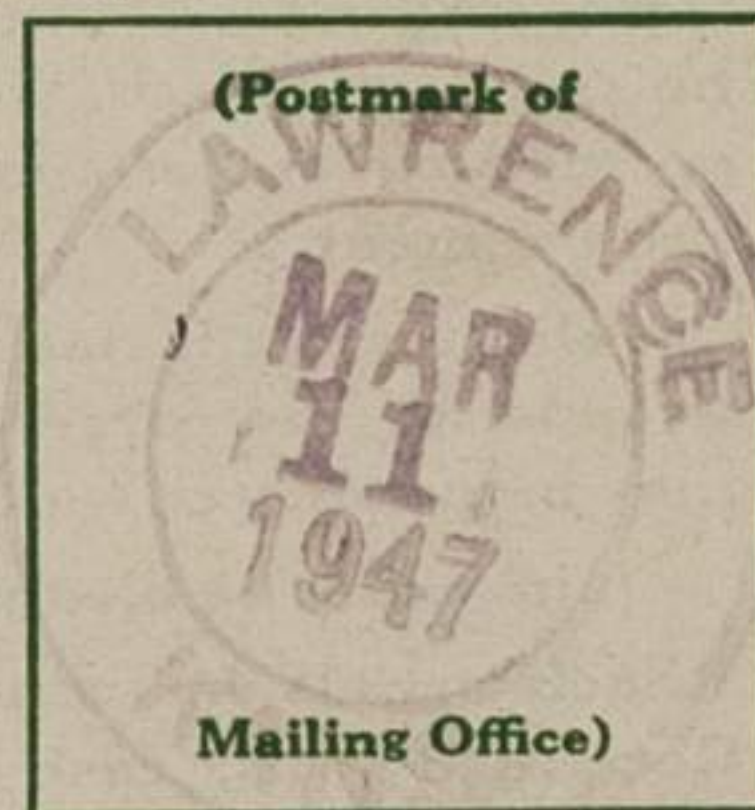
Insurance fee ----- 3 cts. Fragile -----

Return receipt ----- cts. Perishable -----

Restricted delivery ----- cts.

Special delivery ----- cts. ----- (Other endorsement)

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



16-42798-2

POSTMASTER,

By *[Signature]* -----

SENT TO -----

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IMPORTANT.—READ OTHER SIDE REGARDING ENDORSEMENTS AND INDEMNITY

 SAVE THIS RECEIPT UNTIL PARCEL IS ACCOUNTED FOR