

PS Form 3811, Dec. 1980

BARBER - Kinzer PPS GAL RE0002370 PPS 02365

<p>● SENDER: Complete items 1, 2, 3, and 4. Add your address in the "RETURN TO" space on reverse.</p>	
<p>(CONSULT POSTMASTER FOR FEES)</p>	
<p>1. The following service is requested (check one):</p> <p><input checked="" type="checkbox"/> Show to whom and date delivered..... — f</p> <p><input type="checkbox"/> Show to whom, date, and address of delivery... — f</p>	
<p>2. <input type="checkbox"/> RESTRICTED DELIVERY (The restricted delivery fee is charged in addition to the return receipt fee.) — f</p>	
<p>TOTAL \$</p>	
<p>3. ARTICLE ADDRESSED TO: REMAXTON ARMS CO INC ARMS SERVICE DIVISION 12104, N.Y. 13357</p>	
<p>4. TYPE OF SERVICE:</p> <p><input type="checkbox"/> REGISTERED <input checked="" type="checkbox"/> INSURED</p> <p><input type="checkbox"/> CERTIFIED <input type="checkbox"/> COD</p> <p><input type="checkbox"/> EXPRESS MAIL</p>	<p>ARTICLE NUMBER V012461186</p>
<p>(Always obtain signature of addressee or agent)</p>	
<p>I have received the article described above.</p>	
<p>SIGNATURE <input type="checkbox"/> Addressee <input checked="" type="checkbox"/> Authorized agent</p> <p><i>Post Master</i></p>	
<p>5. DATE OF DELIVERY 11/11/83</p>	<p>POSTMARK PA</p>
<p>6. ADDRESSEE'S ADDRESS (Only if required)</p>	
<p>7. UNABLE TO DELIVER BECAUSE:</p>	<p>7a. EMPLOYEE'S INITIALS L.F.</p>

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