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PS Form 3811 AUG. 1976

● SENDER: Complete items 1, 2, and 3.
 Cf. Add your address in the "RETURN TO" space on reverse.

1. The following service is requested (check one)

Show to whom and date delivered. -----

Show to whom, date, and address of delivery. -----

RESTRICTED DELIVERY
 Show to whom and date delivered. -----

RESTRICTED DELIVERY
 Show to whom, date, and address of delivery. -----

(CONSULT POSTMASTER FOR FEES)

2. ARTICLE ADDRESSED TO:
 Mr. Robert H. Chambers
 P. O. Box 6514
 Greenville, S.C. 29616

3. ARTICLE DESCRIPTION:

REGISTERED NO.	CERTIFIED NO.	INSURED NO.
	984929	

(Always obtain signature of addressee or agent)

I have received the article described above.

SIGNATURE Addressee Authorized Agent

4. DATE OF DELIVERY: 9-7-79

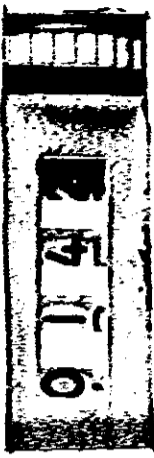
5. ADDRESS (Complete only if requested)

6. UNABLE TO DELIVER BECAUSE:

CLERK'S INITIALS

Ray Hawkins

GPO : 1978-272-932



4328 RV-2