

5 Form 3871, July 1983 447-948

SENDER: Complete items 1, 2, 3 and 4.

Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. The return receipt fee will provide you the name of the person delivered to and the date of delivery. For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.

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

2. Restricted Delivery.

3. Article Addressed to:
Mr. Herman J. Dill, Jr.
26 Sunwood Lane
Greenville, S.C. 29617

4. Type of Service: Article Number

| | | |
|---------------------------------------|----------------------------------|---------------|
| <input type="checkbox"/> Registered | <input type="checkbox"/> Insured | P 443 181 795 |
| <input type="checkbox"/> Certified | <input type="checkbox"/> COD | |
| <input type="checkbox"/> Express Mail | | |

Always obtain signature of addressee or agent and **DATE DELIVERED.**

5. Signature - Addressee
Herman Dill

6. Signature - Agent
 X

7. Date of Delivery
7-11-87

8. Addressee's Address (ONLY if requested and fee paid)
26 Sunwood

DOMESTIC RETURN RECEIPT

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