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| Marchinaks etal | | |
|-----------------|---|-------------|
| PS Form | SENDER Complete items 1, 2, and 3 Add your address in the "RETURN TO" space on reverse. | |
| 3811, Apr. | The following service is requested (check one). | ₽ C C |
| | X: Show to whom and date delivered¢ Show to whom, date, and address of delivery¢ | |
| 1977 | ☐ RESTRICTED DELIVERY | |
| | Show to whom and date delivered | |
| 꼾 | Show to whom, date, and address of delivery. \$ | <u> </u> |
| RETURN | (CONSULT POSTMASTER FOR FEES) | 3 |
| R | 2. ARTICLE ADDRESSED TO: | ے |
| R | Thomas P. Harkins, Inc. | らんど |
| R | 8720 Georgia Ave. | CC |
| 7. | Silver-Springs, Md. 20910 | İ |
| REG | REGISTERED NO. CERTIFIED NO. INSURED NO. | |
| SID | 458791 | |
| ISTE | (Always obtain signature of addressee or agent) | |
| RED | I have received the article described above. | |
| - | SIGNATURE Addressee Authorized agent | |
| INSURED | | |
| RE | 1 Mas Vik fava | |
| Ď | DATE OF DELIVERY ROSTMARK | |
| AND | V STEC | |
| S | 5. ADDRESS(Complete only if requestor) | |
| P | ្រុំ | |
| 표 | | |
| O | 6. UNABLE TO DELIVER BECAUSE: CLERK'S INITIALS | |
| MAIL | ~ | |

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