No. 167304

RECEIPT FOR CERTIFIED MAIL—30¢

SENT TO: Mr Chauncy Eskridge

STREET AND NO.: 123 West Madison Ave

P. O., STATE, AND ZIP CODE: Chicago Ill

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt

- Shows to whom and date delivered — ☐ 10¢ fee
- Shows to whom, date, and where delivered — ☐ 35¢ fee
- Deliver to Addressee Only — ☒ 50¢ fee

P.O. Form 3800 Mar. 1966

NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL

(See other side)

INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Show to whom and date delivered ☐ Show to whom, date, and address where delivered ☒ Deliver ONLY to addressee

(Additional charges required for these services)

RECEIPT

Received the numbered article described below.

REGISTERED NO.

CERTIFIED NO. 167304

INSURED NO.

1 SIGNATURE OR NAME OF ADDRESSEE (*Must always be filled in*): Chauncy Eskridge

2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY: Deliver to Addressee O

DATE DELIVERED: 7/23/68

SHOW WHERE DELIVERED (*only if requested*)

c15—16—71548-9 GPO

No. 167304

RECEIPT FOR CERTIFIED MAIL—30¢

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STREET AND NO.: 123 West Madison Ave

P. O., STATE, AND ZIP CODE: Chicago Ill

POSTMARK OR DATE

EXTRA SERVICES FOR ADDITIONAL FEES

Return Receipt
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- Shows to whom, date, and where delivered ☐ 35¢ fee

Deliver to Addressee Only ☒ 50¢ fee

P00 Form 3800 Mar. 1968

NO INSURANCE COVERAGE PROVIDED—NOT FOR INTERNATIONAL MAIL

(See other side)

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, $300

CHICAGO JUL 23 1968

POSTMARK OF DELIVERING OFFICE

INSTRUCTIONS: Show name and address below and complete instructions on other side, where applicable. Moisten gummed ends, attach and hold firmly to back of article. Print on front of article *RETURN RECEIPT REQUESTED.*

RETURN TO

NAME OF SENDER

J. A. Blackwell, Clerk

STREET AND NO. OR P.O. BOX

157 Poplar

POST OFFICE, STATE, AND ZIP CODE

Memphis, Tenn. 38103

POD Form 3811 June 1968

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