

P 367 603 918

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)

U.S.G.P.O. 1989-234-555

PS Form 3800, June 1985

Sent to	MS. Patricia Murphy Port of Oakland	
Street and No.	P.O. Box 2064	
P.O. State and ZIP Code	Oakland, Ca 94604-2064	
Postage		\$
Certified Fee		
Special Delivery Fee		
Restricted Delivery Fee		
Return Receipt showing to whom and Date Delivered		
Return Receipt showing to whom, Date, and Address of Delivery		
TOTAL Postage and Fees		\$ 2.29
Postmark or Date	3.20.92 am	

STID 3684

EH

● **SENDER:** Complete items 1 and 2 when additional services are desired, and complete items 3 and 4. Put your address in a "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 boxes for additional services requested.

1. Show to whom delivered, date, and addressee's address. (Extra charge) SH
2. Restricted Delivery (Extra charge)

3. Article Addressed to: STID 3684 PORT OF OAKLAND ATTN: MS. PATRICIA MURPHY P.O. BOX 2064 OAKLAND CA 94604-2064	4. Article Number P 367 603 918 Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Insured <input checked="" type="checkbox"/> Certified <input type="checkbox"/> COD <input type="checkbox"/> Express Mail <input type="checkbox"/> Return Receipt for Merchandise
5. Signature - Address X	Always obtain signature of addressee or agent and DATE DELIVERED.
6. Signature - Agent X [Signature]	8. Addressee's Address (ONLY if requested and fee paid) R01129 CL
7. Date of Delivery 3-23-92	