

**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

7009 2820 0001 4359 5760

Postage \$	000480
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
<b>Total</b>	

Postmark  
Here

Sent  
 Street or PO  
 City, State  
 ZIP+4®  
 PS Form

JAMES P. VAN LOBEN SELS &  
 W.E. & MARIANA HARDING  
 C/O SEARS ROEBUCK & CO  
 900 S. FREMONT AVE  
 ALHAMBRA, CA 91803

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JAMES P. VAN LOBEN SELS &  
 W.E. & MARIANA HARDING  
 C/O SEARS ROEBUCK & CO  
 900 S. FREMONT AVE  
 ALHAMBRA, CA 91803

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

D. Is delivery address different from Item 1?  Yes  
 If YES, enter delivery address below:  No

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) 7009 2820 0001 4359 5760