

P 801 449 634  
**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

Sent to	Arthur Silvers
Street and No.	229 West 43rd St
P.O., State and ZIP Code	Ny Ny 10036
Postage	\$ 290
Certified Fee	1-
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1-
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 490
Postmark or Date	NOV 28 1985

PS Form 3800, June 1985

P 801 449 633  
**RECEIPT FOR CERTIFIED MAIL**  
 NO INSURANCE COVERAGE PROVIDED  
 NOT FOR INTERNATIONAL MAIL  
 (See Reverse)

Sent to	Joseph Lelyveld
Street and No.	229 West 43rd St
P.O., State and ZIP Code	Ny Ny 10036
Postage	\$ 290
Certified Fee	1-
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt showing to whom and Date Delivered	1-
Return Receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	\$ 490
Postmark or Date	NOV 28 1985

PS Form 3800, June 1985

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 Arthur Silvers  
 229 West 43rd St  
 Ny, Ny 10036

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number: P801 449 634

4b. Service Type:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD  
 Return Receipt for Merchandise

7. Date of Delivery: 11/30

8. Addressee's Address (Only if requested and fee is paid)

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):  
 Addressee's Address  
 Restricted Delivery  
 Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1991

\*U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT

your RETURN ADDRESS completed on the reverse side?

**SENDER:**

- Complete items 1 and/or 2 for additional services.
- Complete items 3, and 4a & b.
- Print your name and address on the reverse of this form so that we can return this card to you.
- Attach this form to the front of the mailpiece, or on the back if space does not permit.
- Write "Return Receipt Requested" on the mailpiece below the article number. The Return Receipt will show to whom the article was delivered and the date delivered.

3. Article Addressed to:  
 Joseph Lelyveld  
 229 West 43rd St  
 Ny, Ny 10036

5. Signature (Addressee)

6. Signature (Agent)

4a. Article Number: P801 449 633

4b. Service Type:  
 Registered  
 Certified  
 Express Mail  
 Insured  
 COD  
 Return Receipt for Merchandise

7. Date of Delivery: 11/30

8. Addressee's Address (Only if requested and fee is paid)

1.  Addressee's Address  
 2.  Restricted Delivery  
 Consult postmaster for fee.

I also wish to receive the following services (for an extra fee):  
 Addressee's Address  
 Restricted Delivery  
 Consult postmaster for fee.

Thank you for using Return Receipt Service.

PS Form 3811, December 1991

\*U.S. GPO: 1993-352-714

DOMESTIC RETURN RECEIPT