

E-32149

SHELL OIL COMPANY

P. O. BOX 1509

MIDLAND, TEXAS 79701

**CERTIFIED**  
No. 666563  
**MAIL**

**RETURN RECEIPT REQUESTED**

SHELL OIL COMPANY

P. O. BOX 1509

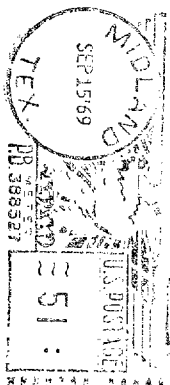
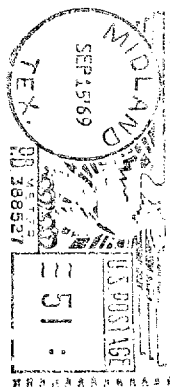
MIDLAND, TEXAS 79701

For good mileage,  
fill up with  
**SUPER SHELL**

N. R. Royall, III  
710 Vaughn Building  
Dallas, Texas 75201

For good mileage,  
fill up with  
**SUPER SHELL**

REASON CHECKED  
Unclaimed .....  
Unknown .....  
Insufficient address .....  
Moved, left no address .....  
No such office in state .....  
Do not remail in this envelope

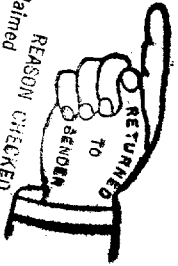


E-32149

**SHELL OIL COMPANY**

P. O. BOX 1509  
MIDLAND, TEXAS 79701

**REASON CHECKED**  
Unclaimed \_\_\_\_\_  
Addressee unknown \_\_\_\_\_  
Insufficient address \_\_\_\_\_  
No such street \_\_\_\_\_  
No such office in state \_\_\_\_\_  
Do not remail in this country \_\_\_\_\_



**CERTIFIED**  
No. 6666607  
**MAIL**

**RETURN RECEIPT REQUESTED**

E-32149

**SHELL OIL COMPANY**

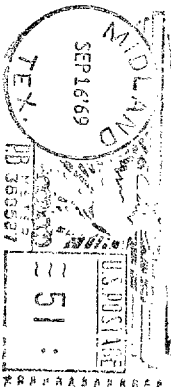
P. O. BOX 1509  
MIDLAND, TEXAS 79701

For good mileage,  
fill up with  
**SUPER SHELL**

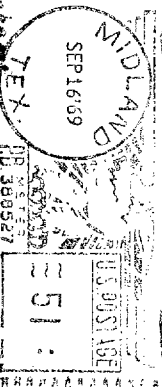
James W. Lay  
c/o Horace Roscoe Lay  
720 Rice Street NW  
Atlanta, Georgia 30318

**No such number**

**No such number**



For good mileage,  
fill up with  
**SUPER SHELL**



Gustave Engelsman  
48 West 48th Street  
New York, New York 10036



E-32149

SHELL OIL COMPANY

P. O. BOX 1509

MIDLAND, TEXAS 79701

**Return to writer**

**CERTIFIED**  
**No. 666702**  
**MAIL**

**RETURN RECEIPT REQUESTED**

E-32149

SHELL OIL COMPANY

P. O. BOX 1509

MIDLAND, TEXAS 79701



REASON CHECKED

Unknown

Insufficient address

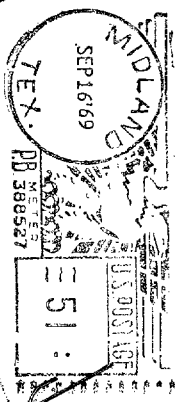
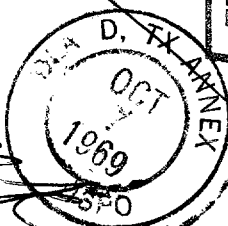
Moved, left no address in state

No such post office in state

Do not remain in this envelope

For good mileage,  
fill up with  
**SUPER SHELL**

Margaret Hutton  
3620 Woodland Avenue  
Kansas City, Missouri 64109



REASON CHECKED

Unknown

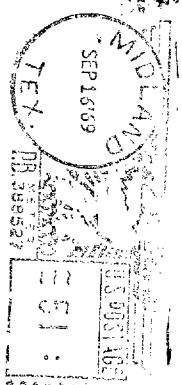
Insufficient address

Moved, left no address in state

No such post office in state

Do not remain in this envelope

For good mileage,  
fill up with  
**SUPER SHELL**



3858-9-18-69

FW-10-4-69

Vask Warner Trust

Box 632

E-32149

**SHELL OIL COMPANY**

P. O. BOX 1509  
MIDLAND, TEXAS 79701

**CERTIFIED**

No. 666626

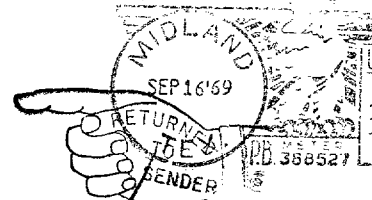
**MAIL**

**RETURN RECEIPT REQUESTED**

For good mileage,  
fill up with  
**SUPER SHELL**

Wahnez Walton Smith  
6023 Bellingham Avenue  
North Hollywood, California 91606

**RECORDED**



REASON CHECKED  
Unclaimed ☒ Refused ☐  
Addressee unknown ☐  
Insufficient Address ☐  
No such street ☐ number ☐  
No such office in state ☐  
Do not remain in this envelope ☐

*Handwritten:*  
12/18/69  
b.c. 62

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

GDS-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

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

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GDS-16-71548-10 GPO

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GDS-16-71548-10 GPO

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CERTIFIED NO.

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
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(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

666555  
CERTIFIED NO.

1

INSURED NO.

2

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

9-19-69 3

665-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
address where delivered ☐ to addressee  
(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

666556  
CERTIFIED NO.

1

INSURED NO.

2

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

9-16-69 3

665-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
address where delivered ☐ to addressee  
(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

666557  
CERTIFIED NO.

1

INSURED NO.

2

POST OFFICE BOX 591

WILSA, OKLAHOMA 74102

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

9-16-69 3

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
address where delivered ☐ to addressee  
(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

666558  
CERTIFIED NO.

1

INSURED NO.

2

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

9-18-69 3

665-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
address where delivered ☐ to addressee  
(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

666559  
CERTIFIED NO.

1

INSURED NO.

2

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

9-18-69 3

665-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
address where delivered ☐ to addressee  
(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

666560  
CERTIFIED NO.

1

INSURED NO.

2

Francis Royall

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

9-18-69 3

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
address where delivered ☐ to addressee  
(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO. 666561 SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 John D. Dwyall  
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 Curry R. Price  
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 9-16-69 3 SHOW WHERE DELIVERED (only if requested)

665-16-71648-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
address where delivered ☒ to addressee  
(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO. 666562 SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 1  
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 2  
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 3 3 SHOW WHERE DELIVERED (only if requested)

665-16-71648-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
address where delivered ☐ to addressee  
(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO. 666563 SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 1  
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 2  
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
address where delivered ☐ to addressee  
(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO. 666564 SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 YALL NATIONAL BANK, PALESTINE, TEXAS  
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 2  
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED SEP 16 1969 3 SHOW WHERE DELIVERED (only if requested)

665-16-71648-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
address where delivered ☐ to addressee  
(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO. 666565 SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 YALL NATIONAL BANK  
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 2  
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED SEP 16 1969 3 SHOW WHERE DELIVERED (only if requested)

665-16-71648-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
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(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO. 666566 SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 F. E. Scott  
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 2  
SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED SEP 16 1969 3 SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

666567

CERTIFIED NO.

INSURED NO.

DATE DELIVERED

9-17-69

665-16-71548-10 GPO

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

*Rosie Ganti*

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

666568

CERTIFIED NO.

INSURED NO.

DATE DELIVERED

SEP 16 1969

665-16-71548-10 GPO

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

*First National Bank of Dallas, Dallas, Texas*

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

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(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO.

666569

CERTIFIED NO.

INSURED NO.

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

*Earl Thirrell*

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

666574

CERTIFIED NO.

INSURED NO.

DATE DELIVERED

9-17-69

665-16-71548-10 GPO

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

*New Mexico Bank and Trust Co.*

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

666573

CERTIFIED NO.

INSURED NO.

DATE DELIVERED

9-17-69

665-16-71548-10 GPO

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

*First National Bank in Dallas*

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

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

Received the numbered article described below.

REGISTERED NO.

666569

CERTIFIED NO.

INSURED NO.

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

*First National Bank in Dallas*

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

SHOW WHERE DELIVERED (only if requested)



# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666570 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666570 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

DATE DELIVERED 9/20/69

QPS-16-71548-10 QPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666571 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666571 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

DATE DELIVERED 9-27-69

QPS-16-71548-10 QPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666572 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666572 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666707 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666707 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

DATE DELIVERED

QPS-16-71548-10 QPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

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

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REGISTERED NO. 666708 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666708 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

DATE DELIVERED SEP 18 1969

QPS-16-71548-10 QPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

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(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO. 666709 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666709 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

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## RECEIPT

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REGISTERED NO. SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO.

INSURED NO.

1 *W. McElroy*  
 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
 3

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

GPO 655-16-71548-10

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REGISTERED NO. SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO.

INSURED NO.

1 *R. A. Moore*  
 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
 3

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

GPO 655-16-71548-10

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CERTIFIED NO.

INSURED NO.

1 *W. McElroy*  
 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
 3

# INSTRUCTIONS TO DELIVERING EMPLOYEE

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## RECEIPT

Received the numbered article described below.

REGISTERED NO. SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 *J. Robinson*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 3 *SEP 18 1963* SHOW WHERE DELIVERED (only if requested)

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

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(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO. SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 *Theresa Lee Brown*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 3 *SEP 19 1963* SHOW WHERE DELIVERED (only if requested)

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

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## RECEIPT

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REGISTERED NO. SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 *MISSA OKLAHOMA 74102*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 3 *SEP 17 1963* SHOW WHERE DELIVERED (only if requested)

655-16-71548-10 GPO

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## RECEIPT

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REGISTERED NO. SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 *Theresa Lee Brown*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 3 *SEP 18 1963* SHOW WHERE DELIVERED (only if requested)

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 *Elizabeth A. Anderson*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY



# INSTRUCTIONS TO DELIVERING EMPLOYEE

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

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REGISTERED NO. SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 *Theresa Lee Brown*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

*Theresa Lee Brown*

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Show to whom, date, and address where delivered  
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 (Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO. SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. **UNITED NATIONAL BANK OF DALLAS**

INSURED NO. **666722** SIGNATURE OF ADDRESSEE'S AGENT, IF ANY **J. M. Robertson**

DATE DELIVERED **SEP 17 1969** SHOW WHERE DELIVERED (only if requested)

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. **666723** SIGNATURE OF ADDRESSEE'S AGENT, IF ANY **J. M. Robertson**

INSURED NO. **666723** SIGNATURE OF ADDRESSEE'S AGENT, IF ANY **J. M. Robertson**

DATE DELIVERED **SEP 17 1969** SHOW WHERE DELIVERED (only if requested)

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. **666724** SIGNATURE OF ADDRESSEE'S AGENT, IF ANY **J. M. Robertson**

INSURED NO. **666724** SIGNATURE OF ADDRESSEE'S AGENT, IF ANY **J. M. Robertson**

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. **666725** SIGNATURE OF ADDRESSEE'S AGENT, IF ANY **J. M. Robertson**

INSURED NO. **666725** SIGNATURE OF ADDRESSEE'S AGENT, IF ANY **J. M. Robertson**

DATE DELIVERED **SEP 18 1969** SHOW WHERE DELIVERED (only if requested)

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. **666726** SIGNATURE OF ADDRESSEE'S AGENT, IF ANY **J. M. Robertson**

INSURED NO. **666726** SIGNATURE OF ADDRESSEE'S AGENT, IF ANY **J. M. Robertson**

DATE DELIVERED **SEP 17 1969** SHOW WHERE DELIVERED (only if requested)

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. **666727** SIGNATURE OF ADDRESSEE'S AGENT, IF ANY **J. M. Robertson**

INSURED NO. **666727** SIGNATURE OF ADDRESSEE'S AGENT, IF ANY **J. M. Robertson**

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666728 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

DATE DELIVERED SEP 17 1969

GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666729 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

DATE DELIVERED SEP 17 1969

GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666730 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

DATE DELIVERED

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666731 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

DATE DELIVERED 9/18/69

GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666732 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

DATE DELIVERED SEP 17 1969

GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666733 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

DATE DELIVERED SEP 17 1969

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

666734

INSURED NO.

DATE DELIVERED

SEP 17 1963

SHOW WHERE DELIVERED (only if requested)

655-10-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

666735

INSURED NO.

DATE DELIVERED

SEP 17 1963

SHOW WHERE DELIVERED (only if requested)

655-10-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

666736

INSURED NO.

SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

666737

INSURED NO.

DATE DELIVERED

9/19/64

SHOW WHERE DELIVERED (only if requested)

655-10-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

666738

INSURED NO.

DATE DELIVERED

9-17-64

SHOW WHERE DELIVERED (only if requested)

655-10-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

666739

INSURED NO.

SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666600 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *Alvare Harvey*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 9/18/69 3 SHOW WHERE DELIVERED (only if requested)

005-10-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666601 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *Joe Scudler Graham*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED SEP 19 1969 3 SHOW WHERE DELIVERED (only if requested)

005-10-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666602 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *Alvare Harvey*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666603 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *Robert M. Fellough*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 9-18-69 3 SHOW WHERE DELIVERED (only if requested)

005-10-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666604 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *A. L. Kennedy*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED SEP 19 1969 3 SHOW WHERE DELIVERED (only if requested)

005-10-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666605 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *Young & Standant*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666606 SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED SEP 19 1963 SHOW WHERE DELIVERED (only if requested)

GPO-16-71648-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666608 SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED SEP 19 1963 SHOW WHERE DELIVERED (only if requested)

GPO-16-71648-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

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

Received the numbered article described below.

REGISTERED NO. 666609 SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666610 SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED SEP 17 1963 SHOW WHERE DELIVERED (only if requested)

GPO-16-71648-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666611 SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED SEP 19 1963 SHOW WHERE DELIVERED (only if requested)

GPO-16-71648-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666612 SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED SHOW WHERE DELIVERED (only if requested)



# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

666613

*Mrs. B. C. Studds*

CERTIFIED NO.

*1*

INSURED NO.

*2*

DATE DELIVERED

*9/19/69*

*3*

SHOW WHERE DELIVERED (only if requested)

GS-16-71648-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

666614

*Cole McInerney*

CERTIFIED NO.

*1*

INSURED NO.

*2*

DATE DELIVERED

*9/19/69*

*3*

SHOW WHERE DELIVERED (only if requested)

GS-16-71648-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

666615

*Dena McInerney*

CERTIFIED NO.

*1*

INSURED NO.

*2*

DATE DELIVERED

*9/19/69*

*3*

SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

666616

*Dena McInerney*

CERTIFIED NO.

*1*

INSURED NO.

*2*

DATE DELIVERED

*9-18-69*

*3*

SHOW WHERE DELIVERED (only if requested)

GS-16-71648-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

666617

*James A. Kelly*

CERTIFIED NO.

*1*

INSURED NO.

*2*

DATE DELIVERED

*9/19/69*

*3*

SHOW WHERE DELIVERED (only if requested)

GS-16-71648-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

666618

*Dorothy Muller*

CERTIFIED NO.

*1*

INSURED NO.

*2*

DATE DELIVERED

*9/19/69*

*3*

SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
address where delivered ☐ to addressee  
(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO.

1

666619

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

3

SHOW WHERE DELIVERED (only if requested)

665-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
address where delivered ☐ to addressee  
(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO.

1

666620

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

3

SHOW WHERE DELIVERED (only if requested)

665-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
address where delivered ☐ to addressee  
(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO.

1

666622

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

3

SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
address where delivered ☐ to addressee  
(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO.

1

666623

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

3

SHOW WHERE DELIVERED (only if requested)

665-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
address where delivered ☐ to addressee  
(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO.

1

666624

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

3

SHOW WHERE DELIVERED (only if requested)

665-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
address where delivered ☐ to addressee  
(Additional charges required for these services)

## RECEIPT

Received the numbered article described below.

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO.

1

666648

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

3

SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666649 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

DATE DELIVERED 3

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666650 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

DATE DELIVERED SEP 17 1969 3

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666651 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666652 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

DATE DELIVERED 9/20 3

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666653 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

DATE DELIVERED SEP 19 1969 3

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666654 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)	
CERTIFIED NO. 666655	1	<i>Edward J. O'Brien</i>
INSURED NO.	2	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY <i>E. J. O'Brien</i>
DATE DELIVERED 9/18/69	3	SHOW WHERE DELIVERED (only if requested) ---

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

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## RECEIPT

Received the numbered article described below.

REGISTERED NO.	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)	
CERTIFIED NO. 666656	1	<i>Travene Ruff</i>
INSURED NO.	2	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY <i>Edna T. Cooper</i>
DATE DELIVERED 9-19-69	3	SHOW WHERE DELIVERED (only if requested) ---

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)	
CERTIFIED NO. 666657	1	<i>Tellmuth</i>
INSURED NO.	2	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY <i>Sheela Hunt</i>

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)	
CERTIFIED NO. 666658	1	<i>ARTHUR PETROLUM CORP</i>
INSURED NO.	2	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY <i>John C. Bell</i>
DATE DELIVERED SEP 18 1969	3	SHOW WHERE DELIVERED (only if requested) ---

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)	
CERTIFIED NO. 666659	1	<i>Travene Ruff</i>
INSURED NO.	2	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY <i>Edna T. Cooper</i>
DATE DELIVERED 19 Sept 69	3	SHOW WHERE DELIVERED (only if requested) ---

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.	SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)	
CERTIFIED NO. 666660	1	<i>Edna T. Cooper</i>
INSURED NO.	2	SIGNATURE OF ADDRESSEE'S AGENT, IF ANY <i>Edna T. Cooper</i>

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO.

1

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 666661

2

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

SEP 18 1968

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO.

1

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 666662

2

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

SEP 22 1968

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO.

1

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 666663

2

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

SEP 22 1968

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO.

1

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 666664

2

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

SEP 18 1968

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO.

1

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 666666

2

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

SEP 18 1968

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO.

1

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 666667

2

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

SEP 18 1968

655-16-71548-10 GPO

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

*(Additional charges required for these services)*

**Received the numbered article described below:**

**REGISTERED NO.**

**SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)**

**CERTIFIED NO.**

INSURED NO. 566668

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED  
**SEP 1 1969**

**SHOW WHERE DELIVERED (only if requested)**

**QPO** **655-16-71648-10**

**Deliver ONLY** ☐ to addressee ☐ Show to whom, date, and address where delivered *(Additional charges required for these services)*

***Received the numbered article described below.***

**SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)**

**CERTIFIED NO.** **1**

6666669  
INSURED NO. 2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE **SEP 27 1964** SHOW WHERE DELIVERED (only if requested)

055-16-71548-10 GPO

**Deliver ONLY** ☐ Show to whom, date, and address where delivered ☐ to addressee  
*(Additional charges required for these services)*

**Received the numbered article described below.**

**SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)**

**CERTIFIED NO.**

6666670  
INSURED NO. \_\_\_\_\_

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

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

*(Additional charges required for these services)*

**Received the numbered article described below.**

**SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)**

**CERTIFIED NO.**

6666671  
INSURED NO. 2  
SIGNATURE OF ADDRESSEES AGENT, IF ANY  
C K B

**DATE DELIVERED** **SHOW WHERE DELIVERED (only if requested)**

655-16-71548-10 GPO

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

*(Additional changes required for these services)*

**Received the numbered article described below.**

**SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)**

**CERTIFIED NO.**

666672  
INSURED NO. 2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

[illegible]

SEP 18 1965

c55-10-71548-10 GPO

**Show to whom, date, and address where delivered** ☐ **Deliver ONLY to addressee** ☐ *(Additional charges required for these services)*

***Received the numbered article described below.***

**SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)**

CERTIFIED NO.

①

Shirley E. Jones

6666673  
INSURED NO. \_\_\_\_\_

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

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

*(Additional charges required for these services)*

**Received the numbered article described below.**

**SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)**

**CERTIFIED NO.**

6666671  
INSURED NO. 2  
SIGNATURE OF ADDRESSEES AGENT, IF ANY  
C K B

**DATE DELIVERED** **SHOW WHERE DELIVERED (only if requested)**

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
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## RECEIPT

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SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO.

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

GPO—16—71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
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## RECEIPT

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SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

GPO—16—71548-10 GPO

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## RECEIPT

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CERTIFIED NO.

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
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SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO.

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

GPO—16—71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

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

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SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO.

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

GPO—16—71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

Show to whom, date, and ☐ Deliver ONLY  
address where delivered ☐ to addressee  
(Additional charges required for these services)

## RECEIPT

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REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO.

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

666580

CERTIFIED NO.

*Wesley A. Burns*

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

9-18-69

SHOW WHERE DELIVERED (only if requested)

665-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

666581

CERTIFIED NO.

*Bullman & Lerner Co.*

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

9-17-69

SHOW WHERE DELIVERED (only if requested)

665-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

666583

CERTIFIED NO.

*Wesley A. Burns*

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

SEP 17 1969

SHOW WHERE DELIVERED (only if requested)

665-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

666584

CERTIFIED NO.

*James M. Conley*

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

9-17-69

SHOW WHERE DELIVERED (only if requested)

665-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

666582

CERTIFIED NO.

*Wesley A. Burns*

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

666585

CERTIFIED NO.

*Wesley A. Burns*

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)



# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666586 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1

INSURED NO. 2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
*William M. Conway*

DATE DELIVERED SEP 16 1969 SHOW WHERE DELIVERED (only if requested)

3

655-18-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666587 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1

INSURED NO. 2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
*James B. Conway*

DATE DELIVERED SHOW WHERE DELIVERED (only if requested)

3

655-18-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666589 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1

INSURED NO. 2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
*TPS & Davis*

DATE DELIVERED 9-17-69 SHOW WHERE DELIVERED (only if requested)

3

655-18-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666590 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1

INSURED NO. 2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
*Kennedy, O. Bennett & Brien*

DATE DELIVERED 9/17/69 SHOW WHERE DELIVERED (only if requested)

3

655-18-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666588 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1

INSURED NO. 2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
*Fort Worth National Bank*

3

655-18-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666598 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1

INSURED NO. 2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
*Bank of New York*

3

655-18-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666599 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *Carla J. J. J.* SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 *Carla J. J. J.* SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 9/17/65 3 SHOW WHERE DELIVERED (only if requested)

GSF-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666591 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *THE HARTFIELD COUNTY, TEXAS* SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 *STAMFORD, CONN.* SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED SEP 14 1965 3 SHOW WHERE DELIVERED (only if requested)

GSF-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666592 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *666592* SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 *666592* SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

GSF-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666593 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *The First Natl. Bank, Midland, Texas* SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 *The First Natl. Bank, Midland, Texas* SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED SEP 17 1965 3 SHOW WHERE DELIVERED (only if requested)

GSF-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666594 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *666594* SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 *666594* SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED SEP 17 1965 3 SHOW WHERE DELIVERED (only if requested)

GSF-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666595 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *666595* SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 *666595* SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

GSF-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666596  
 CERTIFIED NO. 1  
 INSURED NO. 2  
 DATE DELIVERED 9.17.69 3  
 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in) *Edmund Scott*  
 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY *Edmund Scott*  
 SHOW WHERE DELIVERED (only if requested)

65-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666597  
 CERTIFIED NO. 1  
 INSURED NO. 2  
 DATE DELIVERED SEP 17 1969 3  
 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in) *Edmund Scott*  
 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY *Edmund Scott*  
 SHOW WHERE DELIVERED (only if requested)

65-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666625  
 CERTIFIED NO. 1  
 INSURED NO. 2  
 DATE DELIVERED SEP 17 1969 3  
 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in) *Edmund Scott*  
 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY *Edmund Scott*

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666627  
 CERTIFIED NO. 1  
 INSURED NO. 2  
 DATE DELIVERED 9-18-69 3  
 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in) *Matthew J. Stinson*  
 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY *Matthew J. Stinson*  
 SHOW WHERE DELIVERED (only if requested)

65-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. 666628  
 CERTIFIED NO. 1  
 INSURED NO. 2  
 DATE DELIVERED SEP 18 1969 3  
 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in) *June H. McFee*  
 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY *June H. McFee*  
 SHOW WHERE DELIVERED (only if requested)

65-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ Show to whom, date, and address where delivered  
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## RECEIPT

Received the numbered article described below.

REGISTERED NO. 666629  
 CERTIFIED NO. 1  
 INSURED NO. 2  
 DATE DELIVERED SEP 18 1969 3  
 SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in) *June H. McFee*  
 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY *June H. McFee*

# INSTRUCTIONS TO DELIVERING EMPLOYEE

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

Received the numbered article described below.

REGISTERED NO.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

1

666630

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

2

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

9/17/69

3

605-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

1

666632

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

2

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

605-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

1

666633

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

2

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

1

666634

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

2

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

SEP 17 1969

3

605-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

1

666635

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

2

DATE DELIVERED

SHOW WHERE DELIVERED (only if requested)

605-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

1

666636

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

2

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

1

666637

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

SEP 17 1969

SHOW WHERE DELIVERED (only if requested)

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

1

666638

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

SEP 22 1969

SHOW WHERE DELIVERED (only if requested)

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

1

666639

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

*Walter H. Baker*

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

1

666640

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

SEP 17 1969

SHOW WHERE DELIVERED (only if requested)

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

1

666641

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

DATE DELIVERED

SEP 17 1969

SHOW WHERE DELIVERED (only if requested)

655-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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.

SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

1

666643

2

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO.

*Walter H. Baker*

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *Robinson & Robinson*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY *Blaker*

DATE DELIVERED 3 SHOW WHERE DELIVERED (only if requested)

GSF-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *Alma Finkhauf*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 3 SHOW WHERE DELIVERED (only if requested) *Alma Finkhauf*

GSF-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *John A. Stunk*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 3 SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *Ernesta Leuchter*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 3 SHOW WHERE DELIVERED (only if requested) *Ernesta Leuchter*

GSF-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *Alfred Bruns*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 3 SHOW WHERE DELIVERED (only if requested)

GSF-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *Ernesta Leuchter*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED 3 SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 *Rod Brown*  
666677 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2

DATE DELIVERED 3 *9-17-69* SHOW WHERE DELIVERED (only if requested)

665-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 *John H. Brown*  
666678 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 *Merrie Bards*

DATE DELIVERED 3 *9-19-69* SHOW WHERE DELIVERED (only if requested)

665-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 *John R. Cabot*  
666679 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 *R. J. Clavner*  
666680 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 *James J. Clavner*

DATE DELIVERED 3 *SEP 17 1969* SHOW WHERE DELIVERED (only if requested)

665-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 *William A. Brown*  
666681 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2 *William A. Brown*

DATE DELIVERED 3 *SEP 18 1969* SHOW WHERE DELIVERED (only if requested)

665-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filed in)

CERTIFIED NO. 1 *John R. Cabot*  
666682 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. 2

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *Catherine Davis*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
*Robert Johnson*

DATE DELIVERED 3 **SEP 19 1969**  
SHOW WHERE DELIVERED (only if requested)

GDS-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *William Lee*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
*James P. Hall*

DATE DELIVERED 3 **SEP 17 1969**  
SHOW WHERE DELIVERED (only if requested)

GDS-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *James Lee*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *Margaret Davidson*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
*Robert Brown*

DATE DELIVERED 3 **SEP 17 1969**  
SHOW WHERE DELIVERED (only if requested)

GDS-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *Donna Lee*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
*James P. Hall*

DATE DELIVERED 3 **SEP 17 1969**  
SHOW WHERE DELIVERED (only if requested)

GDS-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *James Lee*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY



# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666689 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

DATE DELIVERED  
SEP 1 1968

65-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666690 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

DATE DELIVERED  
SEP 02 1968

65-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666692 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666693 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

DATE DELIVERED  
9/18/69

65-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666694 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

DATE DELIVERED  
9/19/69

65-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 666695 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

INSURED NO. SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

INSURED NO.

1 Josephine & Oscar Linder  
2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
3

DATE DELIVERED SEP 18 1969 SHOW WHERE DELIVERED (only if requested)

GPO-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

INSURED NO.

1 David Cravens Howell  
2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
3

DATE DELIVERED 9/20/69 SHOW WHERE DELIVERED (only if requested)

GPO-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

INSURED NO.

1 V. V. Karia  
2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
3 Mary Singleton

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

INSURED NO.

1 William B. Johnson  
2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
3

DATE DELIVERED SEP 18 1969 SHOW WHERE DELIVERED (only if requested)

GPO-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

INSURED NO.

1 Bill Howard  
2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
3

DATE DELIVERED 9/21/69 SHOW WHERE DELIVERED (only if requested)

GPO-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

☐ 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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO.

INSURED NO.

1 Bill Howard  
2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY  
3

# INSTRUCTIONS TO DELIVERING EMPLOYEE

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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *W C McManis*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED *SEP 18 1969* SHOW WHERE DELIVERED (only if requested)

GPO-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *Quintessence Registry Co*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED *9-17-69* SHOW WHERE DELIVERED (only if requested)

GPO-16-71548-10 GPO

# INSTRUCTIONS TO DELIVERING EMPLOYEE

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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *Heard & Alexander*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED *SEP 18 1969* SHOW WHERE DELIVERED (only if requested)

# INSTRUCTIONS TO DELIVERING EMPLOYEE

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. SIGNATURE OR NAME OF ADDRESSEE (Must always be filled in)

CERTIFIED NO. 1 *W H Saville*

INSURED NO. 2 SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED *SEP 22 1969* SHOW WHERE DELIVERED (only if requested)

GPO-16-71548-10 GPO

DATE OF NOTICE Sept. 18, 1969

ARTICLE ADDRESSED TO Margaret Hutton 3620 Woodland K. C. Mo. 64109

REGISTERED NO. 666702

INSURED NO.

CERTIFIED

C.O.D.

CANNOT BE DELIVERED BECAUSE:

☐ DELIVERY IS RESTRICTED. ADDRESSEE CAN NOT OR WILL NOT SIGN.

☐ INCORRECTLY ADDRESSED. SUPPLY BETTER ADDRESS IF POSSIBLE.

☒ UNKNOWN. SUPPLY ADDRESS OR FORWARDING DIRECTIONS, IF POSSIBLE.

☐ HAS BEEN ABANDONED PER DIRECTIONS

State below disposition you wish made of this registered, insured, certified, or c.o.d. article and send this form promptly in an envelope bearing first-class postage to Postmaster at:

## DISPOSITION INSTRUCTIONS.

☐ Return to sender ☐ Restriction lifted—deliver to addressee's agent

☐ Try at \_\_\_\_\_

SIGNATURE \_\_\_\_\_