

RETURN RECEIPT

Received from the Postmaster the Registered or Insured Article, the original number of which appears on the face of this Card.

1 Jim H. Adams
(Signature or name of addressee)

2 _____
(Signature of addressee's agent—Agent should enter addressee's name on line ONE above)

Date of delivery OCT 22 1941, 1941

Post Office Department

OFFICIAL BUSINESS

OR PRIVATE USE TO AVOID PAYMENT OF POSTAGE, \$300

POSTMARK OF DELIVERING
OFFICE

Return to

Lad Adackin

(NAME OF SENDER)

Street and Number,
or Post Office Box,

2510-H. Newell St.

REGISTERED ARTICLE

No.

2030

Post Office

Fullake,

INSURED PARCEL

No.

State

Calif.