

POST OFFICE DEPARTMENT
OFFICIAL BUSINESS

PENALTY FOR PRIVATE USE TO AVOID
PAYMENT OF POSTAGE, \$300

POSTMARK OF
DELIVERING OFFICE

INSTRUCTIONS: Fill in items below and complete #1 on other side, when applicable. Moistën gummed ends and attach to back of article. Print on front of article RETURN RECEIPT REQUESTED.

RETURN
TO

REGISTERED NO.

NAME OF SENDER

T. N. TAKAHASHI
% VICTOR ABE, ATTY.

CERTIFIED NO.

STREET AND NO. OR P. O. BOX

990 GARY ST.

INSURED NO.

CITY, ZONE AND STATE

SAN FRANCISCO CALIF

POD Form 3811 Jan. 1958

1-INSTRUCTIONS TO DELIVERING EMPLOYEE

Deliver *ONLY* to
addressee

Show address where
delivered

(Additional charges required for these services)

RETURN RECEIPT

Received the numbered article described on other side.

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

SIGNATURE OF ADDRESSEE'S AGENT, IF ANY

DATE DELIVERED

ADDRESS WHERE DELIVERED *(only if requested in item #1)*

1-29-58