

6/14/85

This is duplicate
of the original sent
to you Feb 16, 1985.

P 670 942 809

RECEIPT FOR CERTIFIED MAIL

NO INSURANCE COVERAGE PROVIDED
NOT FOR INTERNATIONAL MAIL

(See Reverse)



PENALTY FOR PRIVATE
USE, \$300

UNITED STATES POSTAL SERVICE

OFFICIAL BUSINESS

SENDER INSTRUCTIONS

- Print your name, address, and ZIP Code in the space below.
- Complete items 1, 2, 3, and 4 on the reverse.
- Attach to front of article if space permits, otherwise affix to back of article.
- Endorse article "Return Receipt Requested" adjacent to number.

RETURN TO

M. DENNIS VANDER WATERS
(Name of Sender)

12730 S 84TH AVE
(No. and Street, Apt., Suite, P.O. Box or R.D. No.)

PALOS PARK IL 60464
(City, State, and ZIP Code)

* U.S.G.P.O. 1983-403-517

PS Form 3800, Feb. 1982

Sent to	Dr. J. J. ...
Street and No.	630 Second St
P.O., State and ZIP Code	NY NY 10016
Postage	\$7.56
Certified Fee	75
Special Delivery Fee	
Restricted Delivery Fee	
Return Receipt Showing to whom and Date Delivered	60
Return receipt showing to whom, Date, and Address of Delivery	
TOTAL Postage and Fees	2.91
Postmark of Date	FEB 2 1985 PALO ALTO CA U.S. 5

3. Article Addressed to:
630 Second St
NY NY 10016

4. Type of Service: Certified Registered Express Mail Insured COD

Article Number: P 670-942-809

Always obtain signature of addressee or agent and DATE DELIVERED:

5. Signature - Addressee: X [Signature]

6. Signature - Agent: X [Signature]

7. Date of Delivery: FEB 2 1985

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

DOMESTIC RETURN RECEIPT