




Form 3831, July 1983 447-845

SENDER: Complete items 1, 2, 3 and 4. Put your address in the "RETURN TO" space on the reverse side. Failure to do this will prevent this card from being returned to you. <u>The return receipt fee will provide you the name of the person delivered to and the date of delivery.</u> For additional fees the following services are available. Consult postmaster for fees and check box(es) for service(s) requested.	
1. <input type="checkbox"/> Show to whom, date and address of delivery.	
2. <input type="checkbox"/> Restricted Delivery.	
3. Article Addressed to: Jim Eliassen, Asst. Claim Manager Hartford Accident & Indemnity Co. P.O. Box 22815 Denver, CO 80222	
4. Type of Service: <input type="checkbox"/> Registered <input type="checkbox"/> Certified <input type="checkbox"/> Express Mail	Article Number P 718 577 048
Always obtain signature of addressee <u>or</u> agent and <u>DATE DELIVERED.</u>	
5. Signature - Addressee X 	
6. Signature - Agent X	
7. Date of Delivery DEC 10 1986	
8. Addressee's Address (ONLY if requested and fee paid)	

DOMESTIC RETURN RECEIPT