July 31,
1961.

SEYMOUR'S,
350 W. 31st St.,
New York City.

attention Mr. Robert E. Freund:-

Dear Mr. Freund:-

Your letter of July 27th reached me Saturday and I note that you had received bith my last letter and the 180mm lens and roll film adapter which I had returned to you. However, you make no mention of my returning the entire Optika outfit.

The 135mm lens and the 2¼x3¼ roll film adapter also came in. Just to be certain I have tried out both items. This roll film design is wholly unacceptable to me. Also I find the camera with several features I do not like. The extreme noise of the shutter, the impossibility of ever making an upright. I am very sorry indeed but I just cannot use it. I think the camera probably satisfactory for amateur use, but I cannot see it on a professional job where often speed in reloading etc. is of importance.

While the camera itself has been here for some weeks, it was just sitting here without any lens for most of this time. In my last letter I asked you what adjustment we could make.

If you will please return the Steinheil lens I would be willing to have you keep the mul iscope in view of the time consumed on allt of this negotiation. Therefore if you will kindly send me your check for $152.69 when you receive the camera I hope we can call it all square. Had I been able to come in to your store, all this could have been avoided. Unfortunately, your

advertising material gives no indication of the loading and use of the roll film adapter.

I am returning the outfit in three separate packages as your original carton was somewhat damaged in transit. All three packages are insured and are packed carefully and in strong cartons and I trust that you receive them in the perfect condition as they were when packed.

Again regretting this decision, I am

Very truly yours,

Fragile ____
Other
endorsement ____
SENDER.—Enter name and
and read information regarding

Form 3813-P (4-54)

RECEIPT FOR INSURED PARCEL No. 582

Addressed for delivery at

Ny Ny.

(Post office of address) WRITE PLAINLY (State)

Postage 10 cts. Special handling ____ cts.

Insurance fee 20 cts. Return receipt ____ cts.

Special delivery ____ cts. Restricted delivery ____ cts.

Fragile ____ Perishable ____

Other
endorsement ____

SENDER.—Enter name and address of addressee on other side and read information regarding endorsements and indemnity.

Seymours

(Postmark of PARCEL POST SANTA FE JUL 31 1961 Mailing Office)

POSTMASTER,

By ____

Form 3813-P (4-54)

RECEIPT FOR INSURED PARCEL No. 583

Addressed for delivery at

Ny Ny.

(Post office of address) WRITE PLAINLY (State)

Postage 106 cts. Special handling ____ cts.

Insurance fee 20 cts. Return receipt ____ cts.

Special delivery ____ cts. Restricted delivery ____ cts.

Fragile ____ Perishable ____

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endorsement ____

SENDER.—Enter name and address of addressee on other side and read information regarding endorsements and indemnity.

Seymours

(Postmark of PARCEL POST SANTA FE JUL 31 1961 Mailing Office)

POSTMASTER,

By ____

Form 3813-P (4-54)

RECEIPT FOR INSURED PARCEL No. 584

Addressed for delivery at

Ny Ny.

(Post office of address) WRITE PLAINLY (State)

Postage 218 cts. Special handling ____ cts.

Insurance fee 40 cts. Return receipt ____ cts.

Special delivery ____ cts. Restricted delivery ____ cts.

Fragile ____ Perishable ____

Other
endorsement ____

SENDER.—Enter name and address of addressee on other side and read information regarding endorsements and indemnity.

(Postmark of PARCEL POST SANTA FE JUL 31 1961 Mailing Office)

POSTMASTER,

By ____

P TO $200

SAVE THIS RECEIPT UNTIL PACKAGE IS ACCOUNTED FOR

If you request payment of insurance for LOSS, you must present this receipt for examination by the post office where you file the request Form 3812.

If you request payment of insurance for damage, spoiling, or partial loss, and do not have this receipt, you may present that portion of the wrapper which shows the insurance serial number.

You must file a request for payment of insurance within one year after the date you mailed the package.

Enter below name and complete address of addressee. Show if addressed in care of person, hotel, etc.

Sent to_____

INSURANCE COVERAGE IS AVAILABLE UP TO $200

GPO 69—16—63820-3

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