

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

OFFICIAL USE

For delivery information visit our website at www.usps.com

7010 3090 0002 3273 8443

Postage	\$ 2.50
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 2.50

Postmark Here
 MAR 2 2016
 03/02/2016

003 I002001

Sent To Jerry Buckholz
 Street, Apt. No. or PO Box No. 46 Vesper St.
 City, State, ZIP+4 Portland ME 04101
PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete item 4, if Restricted Delivery is desired.



1. Article Addressed to:

*Jerry Buckholz
 46 Vesper St.
 Portland, ME 04101*

~~622~~ 003 I002001

2. Article Number
 (Transfer from service label)
 PS Form 3811, July 2013

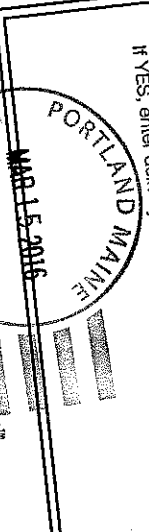
Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Jerry Buckholz Addressee

B. Received by (Printed Name) C. Date of Delivery
Jerry Buckholz

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:



3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Collect on Delivery Yes

4. Restricted Delivery? (Extra Fee) Yes

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Postmark Here
 MAR 2 2013
 03/02/2013

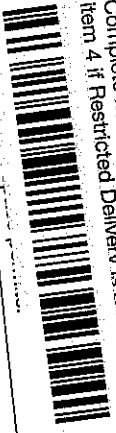
7010 3090 0002 3273 8443

Sent to Jerry Buckholz
 Street, Apt. No. or PO Box No. 416 Vesper St.
 City, State, Zip+4 Portland ME 04101
 PS Form 3800 August 2005 See Reverse for Instructions

003 I002001

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.



1. Article Addressed to:

*Jerry Buckholz
 416 Vesper St.
 Portland, ME 04101*

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
Jerry Buckholz Addressee

B. Received by Printed Name) Date of Delivery
Larry Buckholz

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: No



3. Service Type
- Certified Mail®
 - Registered
 - Insured
 - Restricted Delivery? (Extra Fee)
 - Priority Mail Express™
 - Return Receipt for Merchandise
 - Collect on Delivery
 - Yes

7010 3090 0002 3273 8443

2. Article Number
 (Transfer from service label)

PS Form 3811, July 2013

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OFFICIAL USE

7010 1870 0002 8136 9906

Postage	\$ 2.20
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 2.20

0104
 11
 Postmark Here
 MAR 2 2013

Total Postage & Fees \$ 2.20
 Sent To *Neema Abdurhman*
 1870 0002 8136 9906

Sent To
 Street Apt. No. *Neema Abdurhman*
 or PO Box No. *13 BUCKWOLD DRIVE*
 City, State, ZIP+4 *WATERBURY CT 06705*

PS Form 3811, August 2005 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

1. Article Addressed to:
 - Attach this card to the back of the mailpiece, or on the front if space permits.



COMPLETE THIS SECTION ON DELIVERY

A. Signature X
 B. Received by (Printed Name)
 C. Date of Delivery

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below No



*dinner, Abdurhman
 13 BUCKWOLD DRIVE
 WATERBURY, CT 06705*

3. Service Type
 Certified Mail®
 Registered
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)
 PS Form 3811, July 2013

Domestic Return Receipt

7010 1870 0002 8136 9906