

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

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

7012 0470 0002 1928 5426

OFFICIAL USE
 LONG ISLAND ME 04050

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
INSR 003 0807 Total Postage & Fees	\$	\$6.49



Sent To Robert Jordan Trustee

Street, Apt. No.;
or PO Box No. 1050 Island Ave

City, State, ZIP+4 Long Island ME 04050

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.
- Print your name and address on the reverse so that we can return the card to you.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

**ROBERT JORDAN TRUSTEE
 1050 ISLAND AVE
 LONG ISLAND ME 04050**

**RE: 003 0007
 INSP**

2. Article Number
 (Transfer from service label)

7012 0470 0002 1928 5426

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X [Signature]

B. Received by (Printed Name) NANCY H. JORDAN

C. Date of Delivery 07/31/2014

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

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes