

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

FALMOUTH ME 04105

OFFICIAL USE

Postage	\$3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.25

Postmark Here  
DEC 22 2015  
12/22/2015

0104  
11

Sent To **REMO DIMILLO**  
 Street, Apt. No., or PO Box No. **197 MIDDLE ST**  
 City, State, ZIP+4 **FALMOUTH ME 04105**

7010 1870 0002 8136 9708

INS

012 C004

INSP: 16 HAMMOND ST

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>■ Print your name and address on the reverse</li> </ul> <p>1. Article Addressed to:</p> <p><b>REMO DIMILLO</b>  <b>197 MIDDLE RD</b>  <b>FALMOUTH MAINE 04105</b></p> <p><b>CBL: 012 C004</b>  <b>INSP: 16 HAMMOND ST</b></p>	<p>A. Signature  <input checked="" type="checkbox"/> Agent  <input checked="" type="checkbox"/> Addressee  <i>Remo Dimillo</i></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery  <input checked="" type="checkbox"/> Yes  <input type="checkbox"/> No      If YES, enter delivery address below</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail®    <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered    <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail    <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee)    <input type="checkbox"/> Yes</p>
2. Article Number (Transfer from service label)	7010 1870 0002 8136 9708
PS Form 3811, July 2013    Domestic Return Receipt	