SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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 mailpinor on the front if space permits. 	B. Received by (Printed Name) C. Date of Delivery
1. Article Addressed to:	D. Is delivery address different from Item 1? / ☐ Yes If YES, enter delivery address below: ☐ No
DAVID O'DONNELL 13 LAWRENCE AVE PORTLAND ME 04103	(5 Illow)
RE: 012 I002	3. Service Type ☐ Certified Mall ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes
Article Number (Transfer from service label)	013 1090 0002 1737 6632