

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)

PORTLAND ME 04104

OFFICIAL USE

7010 1870 0002 8136 5588

Postage	\$	\$0.45	
Certified Fee		\$2.95	
Return Receipt Fee (Endorsement Required)		\$2.35	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.75	

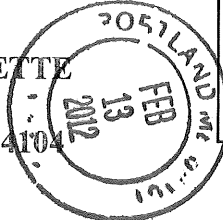
Sent To **Timothy Boulette**  
 Street, Apt. No., or PO Box No. **PO Box 9785**  
 City, State, ZIP+4 **Portland, ME 04104**  
 PS Form 3800, August 2006 See Reverse for Instructions

**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:

**TIMOTHY BOULETTE**  
**PO BOX 9785**  
**PORTLAND ME 04104**



**012 I002**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*[Signature]*  Addressee

B. Received by (Printed Name) **ALAN CARTER** C. Date of Delivery **2-13-12**

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

2. Article Number

(Transfer from service label)

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