

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

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

Portland, ME 04102

OFFICIAL USE

8009 8228 0002 3273 8009 0102

| | | |
|--|---------|---------|
| Postage | \$13.00 | \$12.70 |
| <i>Insp</i> Certified Fee | \$0.00 | \$0.00 |
| Return Receipt Fee (Endorsement Required) | \$0.00 | \$0.00 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 | \$0.00 |
| Total Postage & Fees | \$0.47 | \$5.47 |



Sent to
 Clark B. Stephens
 Street, Apt. No., or PO Box No. P.O. Box 4818
 City, State, ZIP+4
 Portland, ME 04112

PS Form 3800, August 2006 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | COMPLETE THIS SECTION ON DELIVERY |
|--|--|
| <ul style="list-style-type: none"> Complete items 1, 2, and 3. 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. | <p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery 7/22/16</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:</p> |
| <p>1. Article Addressed to:</p> <p>Clark B. Stephens P.O. Box 4818 Portland, ME 04112</p> | <p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery <input type="checkbox"/> Priority Mail Express® |
| <p>2. Article Number (Transfer from service label)</p> <p>7010 3090 0002 3273 8009</p> | <p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domestic Return Receipt</p> |

