

**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**

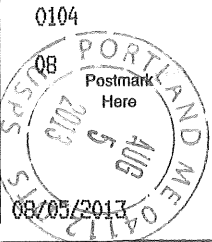
(Domestic Mail Only; No Insurance Coverage Provided)

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

7012 0470 0002 1928 5303

PORTLAND ME 04101

Postage	\$ <i>Imp</i> \$0.46
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ \$6.11



Sent To *Whitehouse John T*
 Street, Apt. No.; or PO Box No. *18 North St*
 City, State, ZIP+4 *Portland, ME 04101*

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:

Whitehouse John T
 18 North St.
 Portland, ME 04101

013 K005001

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X Julie E. Whitehouse

B. Received by (Printed Name) *Julie E. WHITEHOUSE*

C. Date of Delivery *8/15/13*

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

*642 E. MAIN ST.
 YARMOUTH, ME 04096*

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 lab) **7012 0470 0002 1928 5303**