

**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)

SCARBOROUGH ME 04070

7010 1870 0002 8136 9524

Postage	\$3.45	\$2.80
Certified Fee	\$0.00	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00	\$0.00
<b>014 F006</b>	\$0.49	
<b>INSP</b>	\$6.74	
<b>Total Postage &amp; Fees</b>		\$6.74



11/13/2015

Sent To **WILLIAM FRENCH**  
 Street, Apt. No., or PO Box No. **PO BOX 1382**  
 City, State, ZIP+4 **SCARBOROUGH ME 04070**

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

Complete items 1, 2, and 3. Also complete

Attach this receipt to the back of the envelope or on the front if space permits.

1. Article Addressed to:  
**WILLIAM FRENCH**  
**PO BOX 1382**  
**SCARBOROUGH ME 04074**  
**RE: 014 F006**  
**INSP: 21 MERRILL ST**

2. Article Number  
 (Transfer from service label)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Pamela French*  Agent  
 Addressee  
 B. Received by (Printed Name)  
*Pamela French* C. Date of Delivery

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

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Domestic Return Receipt