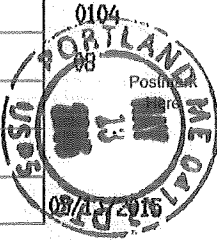


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SCARBOROUGH ME 04074

Postage	\$ 00.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
014 F006 Total Postage & Fees	\$ 06.49



7803 7803 8136 0002 0002 1870 1870

Sent To **WILLIAM FRENCH**
 Street, Apt. No., or PO Box No. **PO Box 1382**
 City, State, ZIP+4 **SCARBOROUGH ME 04074**

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:

**WILLIAM FRENCH
 PO BOX 1382
 SCARBOROUGH ME 04074**

**RE: 014 F006
 INSP: 21 MERRILL ST**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Pamela French 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



2. Article Number
 (Transfer from service label)

7010 1870 0002 8136 7803