U.S. Postal Service™ CERTIFIED MAIL. RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) П **=**0 For delivery information visit our website at www.usps.com П PORTLAND ME 04112 Γ m \$0.49 0104 Postage ND Certified Fee \$3.30 П Return Receipt Fee \$2.70 (Endorsement Required) Restricted Delivery Fee \$0.00 (Endorsement Required) 014 12010 \$6.49 Total Postage & Fees Sent To m Street, Apt. No.; or PO Box No. Citv. State, ZIP+4 PS Form 3800, August 2006 THE REAL OF THE PARTY OF THE PA COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION Complete items 1, 2, and 3. Also complete A. Signature item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to: ANTHONY RUSSO &

JANE RUSSO **PO BOX 593**

PORTLAND ME 04112

RE: 014 K010	RE:	014	K01	0
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	If YES, enter delivery	
P	3. Service Type	USV
	☐ Certified Mail 【	☐ Express Mall
	☐ Registered [Return Receipt for Merchandis
	☐ Insured Mail 【	□ C.O.D.

2. Article Number (Transfer from service label)

ELO7

0002

4. Restricted Delivery? (Extra Fee)

1737

6892

PS Form 3811, February 2004

Domestic Return Receipt

1090

102595-02-M-1540

☐ Yes

Addressee