

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

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OFFICIAL USE

7010 1870 0002 8136 9463

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
016 C019	\$1.49	
Total Postage & Fees	\$5.94	
INSP	\$0.74	

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Postmark Here
NOV 17 2015
11/02/2015

Sent To: **JENNA + BRENT MARTELUCCI**
 Street, Apt. No. or PO Box No.: **19 ATLANTIC ST**
 City, State, Zip+4: **PORTLAND ME 04101**

PS Form 3808, August 2005 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</p> <p>1. Article Addressed to:</p> <p>JENNA & BRENT MARTELUCCI 19 ATLANTIC ST PORTLAND ME 04101</p> <p>RE: 016 C019 INSP: 19 ATLANTIC ST</p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee X Jenna Vanni</p> <p>B. Received by (Printed Name) Jenna Vanni</p> <p>C. Date of Delivery <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No NOV 18 2015</p> <p>D. Is delivery address different from item 1? If YES, enter delivery address below: <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>2. Article Number (Transfer from service label)</p>	<p>3. Service Type <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered <input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>7010 1870 0002 8136 9463</p>	
<p>PS Form 3811, July 2013 Domestic Return Receipt</p>	