

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

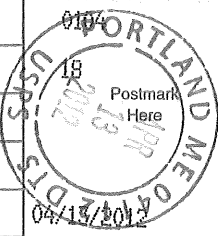
7010 1870 0002 8136 5779

For delivery information visit our website at [www.usps.com](http://www.usps.com)

PORTLAND, ME 04101

**OFFICIAL USE**

Postage	\$	\$0.45
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$5.75</b>



Sent To **CHARLES FORTIN**  
 Street, Apt. No., or PO Box No. **30 MONUMENT 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:

**CHARLES FORTIN  
 30 MONUMENT STREET  
 PORTLAND ME 04101**

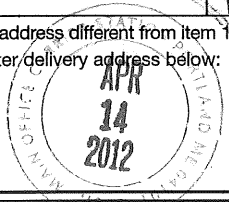
**016 E010**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature *Charles Fortin*  Agent  
 Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery **4/14/12**

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



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 label)

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