

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

For delivery information visit our website at www.usps.com

OFFICIAL USE

7010 1870 0002 8136 9869

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
020 A007 Total Postage & Fees	\$



Sent To **STEPHEN SUNENBLICK**
 Street, Apt. No.,
 or PO Box No. **6 PINE ST**
 City, State, ZIP+4 **SOUTH PORTLAND ME 04106**

PS Form 3800, August 2008 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:
STEPHEN SUNENBLICK
6 PINE ST
SOUTH PORTLAND ME 04106

CBL: 020 A007
INSP: 63 FEDERAL ST

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 John Mayhew Agent
 Addressee

B. Received by (Printed Name)
John Mayhew

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 9869

PS Form 3811, July 2013

Domestic Return Receipt