

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

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

PORTLAND ME 04101

Postage	\$ 0.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>022 L013</b> Total Postage & Fees <b>INSP</b>	\$ 6.49



7010 3090 0002 3273 7705

Sent To **ROACH DANIEL**  
 Street, Apt. No., or PO Box No. **14 ANDERSON 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:

**ROACH DANIEL R**  
**14 ANDERSON ST**  
**PORTLAND ME 04101**

**RE: 022 L013**  
**INSP**

2. Article Number  
 (Transfer from service label)

7010 3090 0002 3273 7705

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X   Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery  
 10/31/14

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