

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 9951

Postage	\$2.80
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
022 L015 Total Postage & Fees	\$6.80

0104
11
Postmark Here
03/25/2016

Sent To
WILLIAM & BRENDA SOUTHWICK
 Street, Apt. No., or PO Box No. **12 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 return receipt is desired.



or on the front if space permits.

1. Article Addressed to:

**WILLIAM & BRENDA SOUTHWICK
 12 ANDERSON ST
 PORTLAND ME 04101**

**CBL: 022 L015
 INSP: 12 ANDERSON ST**

2. Article Number
 (Transfer from service label)

7010 1870 0002 8136 9951

PS Form 3811, July 2013

Domestic Return Receipt

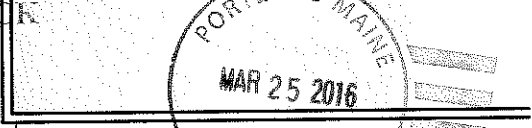
COMPLETE THIS SECTION ON DELIVERY

A. Signature

 Agent
 Addressee

B. Received by (Printed Name)
William Southwick

C. Date of Delivery
 Yes
 No



3. Service Type
 Certified Mail™
 Registered
 Insured Mail
 Priority Mail Express™
 Return Receipt for Merchandise
 Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes