

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 6547

Postage	\$ 2.70	0104
Certified Fee	\$0.00	18
Return Receipt Fee (Endorsement Required)	\$0.00	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 2.70	

Sent to
 Crooked Milk Cafe
 Street, Apt. No., or PO Box No. 8 Milk Street
 City, State, ZIP+4 Portland ME 04101
 PS Form 3806, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION



Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:
 Crooked Milk Cafe
 8 Milk Street
 Portland, ME 04101

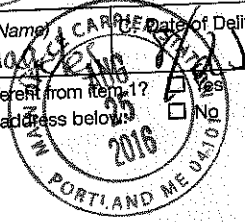
2. Article Number (Transfer from service label) **7010 1870 0002 8136 6547**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Rachel E. Mag...*

B. Received by (Printed Name) *Rachel E. Mag...* Date of Delivery *08/24/2016*

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



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

4. Restricted Delivery? (Extra Fee) Yes