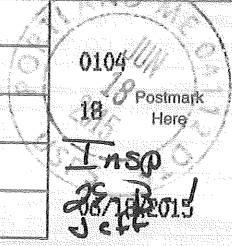


U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

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PORTLAND ME 04101

Postage	\$ 3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	\$ 6.49



7010 1870 0002 8136 8640

Sent To **Noah Talmatch**  
 Street, Apt. No.; or PO Box No. **35 Silver 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:

**Noah Talmatch  
 The North Point  
 35 Silver Street  
 Portland, Maine 04101**

**029 B001**

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *A. M.*

- Agent  
 Addressee

B. Received by (Printed Name)

**A. MULHOLLAND**

C. Date of Delivery

**6-20-15**

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

7010 1870 0002 8136 8640