

2409 8909 2000 DTTE E002

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

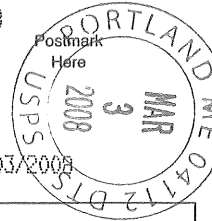
For delivery information visit our website at www.usps.com®

SCARBOROUGH ME 04074

Postage	\$ 40.41
Certified Fee	\$2.65
Return Receipt Fee (Endorsement Required)	\$2.15
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 45.21

0104

08



03/03/2008

Sent To *029-1109*

Brian Russell E

Street, Apt. No., or PO Box No. *4 Green Needle Drive*

City, State, ZIP+4 *Scarborough, ME 04074*

PS Form 3800, June 2002 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:

LERMAN RUSSELL E
4 GREEN NEEDLE DRIVE
SCARBOROUGH, ME 04074

2. Article Number
(Transfer from service label)

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COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X [Signature]

B. Received by (Printed Name) *WILLIAM KENNEDY* C. Date of Delivery *3/5/08*

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

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes