

**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)

7010 1870 0002 8136 6561

OFFICIAL USE

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: Bill's Pizza 032 5004  
 Street, Apt. No., or PO Box No.: 177 Commercial St.  
 City, State, ZIP+4: Portland, ME 04101

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete [Barcode]
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
Bill's Pizza  
177 Commercial St.  
Portland, ME 04101  
032 5004

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature: [Signature]  Agent  Addressee  
 B. Received by (Printed Name): [Signature] C. Date of Delivery: 8/24/16  
 D. Is delivery address different from item?  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

2. Article Number  
 (Transfer from service label)  
 PS Form 3811, July 2013

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Domestic Return Receipt