

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:

Oren Ahlquist
 266 Beechridge Rd
 Scarborough, ME 04074

33 020

2. Article Number

(Transfer from service label)

7007 0710 0002 4976 0972

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X B Ahlquist

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

8/14

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

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

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 \$ 0.41

0104

Certified Fee \$2.65

08

Postmark Here

Return Receipt Fee (Endorsement Required) \$2.15

Restricted Delivery Fee (Endorsement Required) \$0.00

Total Postage & Fees \$ 5.21

08/13/2007

33 020

7007 0710 0002 4976 0972

Sent To

Street, Apt. No.,
or PO Box No.

City, State, ZIP+4

Oren Ahlquist
 266 Beechridge Rd.
 Scarborough, ME 04074

PS Form 3800, August 2006

See Reverse for Instructions