

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 Ahlgvist
266 Beech Ridge Rd
Scarborough, ME 04074

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

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

33 D 20

7005 1160 0000 4787 3546

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

7005 1160 0000 4787 3546

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 **OFFICIAL USE**

Postage	\$ 0.41	0104
Certified Fee	\$2.65	08
Return Receipt Fee (Endorsement Required)	\$2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.21	08/31/2007

33 D 20

Sent To Ahlgvist, Oren

Street, Apt. No., or PO Box No. 266 Beech Ridge Rd

City, State, ZIP+4 Scarborough, ME 04074

PS Form 3800, June 2002

See Reverse for Instructions