

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

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

PORTLAND ME 04101 **PROFICIAL USE**

7010 1870 0002 8136 7308

Postage	\$2.78
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
033 H009 Total Postage & Fees	\$6.47

0104
11
Postmark Here
APR 27 2016
04/27/2016

Sent To **ROBERT TEVANIAN**
 Street, Apt. No., or PO Box No. **44 CEDAR 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



1. Article Addressed to:
ROBERT TEVANIAN
44 CEDAR ST
PORTLAND ME 04101

CBL: 033 H009
INSP: 50 CEDAR ST

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 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

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