

7010 1870 0002 8136 7094

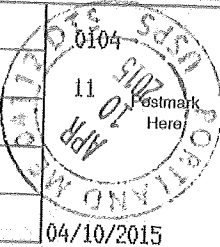
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

WINDHAM ME 04062

OFFICIAL USE

Postage	\$ 0.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
033 J014 Total Postage & Fees	\$ 6.49



Sent To **MICHAEL J. ROKOWSKI**
 Street, Apt. No., or PO Box No. **15 SANDY TOES LN**
 City, State, ZIP+4 **WINDHAM ME 04062**

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 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:

MICHAEL J ROKOWSKI
15 SANDY TOES LN
WINDHAM ME 04062

RE: 033 J014
INSP

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x H Rokowski

☐ Agent

☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

4/20/15

D. Is delivery address different from item 1?

☐ Yes

If YES, enter delivery address below:

☐ 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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PS Form 3811, July 2013

Domestic Return Receipt