

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

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**OFFICIAL USE**


Postage	\$2.80
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>033 J015</b> Total Postage & Fees	\$5.74

0104  
11  
Postmark Here  
04/04/2016

7010 1870 0002 8136 9975

Sent To: **MICHAEL 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 THIS SECTION ON DELIVERY
 ■ Attach this card to the back of the mailpiece, or on the front if space permits.	<b>A. Signature</b> <input checked="" type="checkbox"/> <i>[Signature]</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
	<b>B. Received by (Printed Name)</b> <input type="checkbox"/> <i>[Signature]</i> <b>C. Date of Delivery</b> <input type="checkbox"/> <i>[Date]</i>
<b>1. Article Addressed to:</b> <b>MICHAEL ROKOWSKI</b> <b>15 SANDY TOES LN</b> <b>WINDHAM ME 04062</b>  <b>CBL: 033 J015</b> <b>INSP: 12 ALDER ST</b>	<b>D. Is delivery address different from item 1?</b> <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
<b>2. Article Number</b> <i>(Transfer from service label)</i>	<b>3. Service Type</b> <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery
<b>7010 1870 0002 8136 9975</b>	<b>4. Restricted Delivery? (Extra Fee)</b> <input type="checkbox"/> Yes
<b>PS Form 3811, July 2013</b>	<b>Domestic Return Receipt</b>