

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

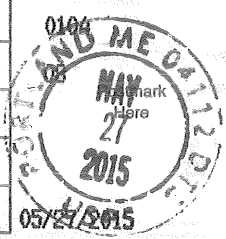
For delivery information visit our website at [www.usps.com](http://www.usps.com)

7010 1870 0002 8136 8091

PORTSMOUTH RI 02871

**OFFICIAL USE**

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
<i>036 D003</i> Total Postage & Fees	\$	\$6.49



Sent To **JASON RUTTER**  
 Street, Apt. No., or PO Box No. **7 SAGAMORE ST**  
 City, State, ZIP+4 **PORTSMOUTH RI 02871**

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:

**JASON RUTTER**  
**7 SAGAMORE ST**  
**PORTSMOUTH RI 02871**

**RE: 036 D003**  
**INSP: 48 PARK AVE**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X *Jason Rutter*  Agent  Addressee

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

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

3. Service Type  
 Certified Mail<sup>®</sup>  Priority Mail Express<sup>™</sup>  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number

(Transfer from service label)

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