

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

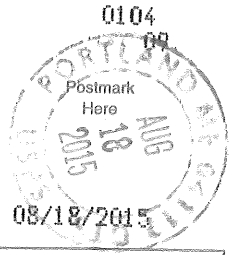
For delivery information visit our website at www.usps.com

PORTSMOUTH, RI 02871

OFFICIAL USE

7010 1870 0002 8136 8978

Postage	\$3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.74



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

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION



■ Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:

JASON RUTTER
7 SAGAMORE STREET
PLYMOUTH RI 02871

RE: 036 D003
INSP: 48 PARK AVE

2. Article Number
 (Transfer from service label)

7010 1870 0002 8136 8978

COMPLETE THIS SECTION ON DELIVERY

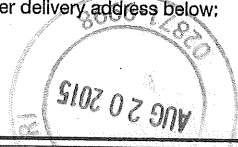
A. Signature
 X *Ken Rutter* Agent Addressee

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® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes



PS Form 3811, July 2013

Domestic Return Receipt