

7003 3110 0002 6064 1787

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

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

WINCHESTER MA 01890

Postage	\$ 00.39	0104
Certified Fee	\$2.40	08
Return Receipt Fee (Endorsement Required)	\$1.85	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 04.64	03/20/2007

*Sent To*  
 Street, Apt. No.;  
 or PO Box No. *Michael DeFumere*  
*2 Surrey Rd*  
 City, State, ZIP+4 *Winchester, MA 01890*

PS Form 3800, June 2002 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 DeFumere*  
*2 Surrey Rd*  
*Winchester, MA. 01890*

*36 E 018*

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
*x Michael DeFumere*  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

*MAR 24 2007*  
*WINCHESTER 01890-9998*

3. Service Type
- Certified Mail  Express Mail
  - Registered  Return Receipt for Merchandise
  - Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

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