

## SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Agent Print your name and address on the reverse Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. D. Is delivery address different from item 1? ☐ Yes 1. Article Addressed to: If YES, enter delivery address below: STEVEN PEACOCK 102 FOREST AVE PORTLAND ME 04101 Certified Mail ☐ Express Mall (\* ☐ Return Receipt for Merchandise ☐ Registered ☐ Insured Mail ☐ C.O.D. 036 G035 4. Restricted Delivery? (Extra Fee) ☐ Yes

2. Article Number

1870

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