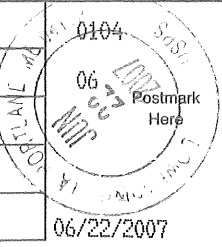


U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

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

PORTLAND ME 04101

Postage	\$	\$0.41
Certified Fee		\$2.65
Return Receipt Fee (Endorsement Required)		\$2.15
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$5.21</b>



7438 6063 0002 3110 8909 2000 0102 7003

037 E002001

Sent To  
 Paul & AnnMarie Trusiani  
 Street, Apt. No.,  
 or PO Box No. 585 1/2 Congress St.  
 City, State, ZIP+4  
 Portland, ME 04101

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:  
 Paul & AnnMarie Trusiani  
 585 1/2 Congress St.  
 Portland, ME 04101
2. Article Number  
 (Transfer from service label)

37 E 002

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Paul Trusiani*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ Date of Delivery \_\_\_\_\_

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

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

4. Restricted Delivery? (Extra Fee)  Yes

7003 3110 0002 6063 7438