

**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)®

**OFFICIAL USE**

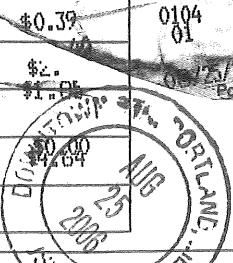
PORTLAND ME 04101

Postage	\$ 40.39	0104 01
Certified Fee	\$2.	
Return Receipt Fee (Endorsement Required)	\$1.00	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$4.00	
Total Postage & Fees	\$	

Sent To Kathryn Townsend  
 Street, Apt. No.,  
 or PO Box No. 132 Spring St  
 City, State, ZIP+4 Portland, ME 04101

PS Form 3800, June 2002 See Reverse for Instructions

7006 0810 0003 7989 1768



**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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.

A. Signature [Signature]  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 8/28/06

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

1. Article Addressed to:

**Kathryn Townsend**  
**132 Spring St**  
**Portland, Maine 04101**

**039 D013**

3. Service Type

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
*(Transfer from service label)*

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