

1480 4909 2000 DTTE E002

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

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

PORTLAND ME 04101

Postage	\$ 40.39
Certified Fee	\$2.40
Return Receipt Fee (Endorsement Required)	\$1.85
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 44.64

0104
08
Postmark
Here

05/01/2007

044 B010

Sent To Lamour Russell

Street, Apt. No.,
or PO Box No. 27 State St

City, State, ZIP+4 Portland, ME 04101

PS Form 3800, June 2002 See Reverse for Instructions

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 5/2/07

1. Article Addressed to:

Lamour Russell
27 State St
Portland, ME 04101

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

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) _____

7003 3110 0002 6064 0841