

**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

69ET 2909 2000 DTTE E002

PORTLAND, ME 04101		UNIT ID: 0104
Postage	\$ 0.39	Postmark Here
Certified Fee	2.40	
Return Receipt Fee (Endorsement Required)	1.85	
Restricted Delivery Fee (Endorsement Required)		
Total Postage & Fees	\$ 4.64	Clerk: KGSYRO
		03/06/06 44B029

Sent To STATEWAY APTS  
 Street, Apt. No., or PO Box No. 658 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:

STATEWAY APTS.  
658 CONGRESS ST  
PORTLAND, ME  
04101

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
X R. Seaman  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

2. Article Number 7003 3110 0002 6062 1369  
 (Transfer from se)