

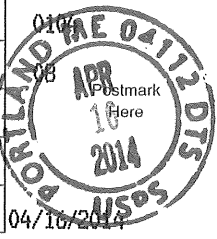
**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

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PORTLAND ME 04103 OFFICIAL USE

7013 1090 0002 1737 6830

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>OM D026</b> Total Postage & Fees	\$	\$6.49



Sent To David O'Donnell

Street, Apt. No., or PO Box No. 13 Lawrence Ave

City, State, ZIP+4 Portland ME 04103

PS Form 3800, August 2006 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:

**DAVID O'DONNELL  
13 LAWRENCE AVE  
PORTLAND ME 04103**

**RE: 044 D026**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*X David O'Donnell*

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery 4/17/14

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 7013 1090 0002 1737 6830  
 (Transfer from service label)