

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

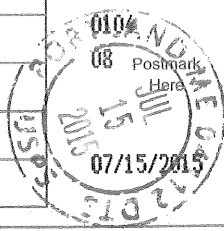
7010 1870 0002 8136 8558

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

PORTLAND ME 04101

**OFFICIAL USE**

Postage	\$	\$3.45
Certified Fee		\$2.80
Return Receipt Fee (Endorsement Required)		\$0.00
Restricted Delivery Fee (Endorsement Required)		N/A
<i>045 C002</i> Total Postage & Fees	\$	\$6.49
<i>INSP</i>		\$6.74



Sent To **Geoffrey Rice**  
 Street, Apt. No., or PO Box No. **658 CONGRESS ST**  
 City, State, ZIP+4 **PORTLAND ME 04101**

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.



1. Article Addressed to:

**GEOFFREY RICE  
385 CONGRESS ST 1<sup>ST</sup> FLOOR  
PORTLAND ME 04101**

**RE: 045 C002  
INSP: 180 STATE ST**

2. Article Number

(Transfer from service label)

7010 1870 0002 8136 8558

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X *Stephen Bero*

Agent

Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

Certified Mail®  Priority Mail Express™

Registered  Return Receipt for Merchandise

Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

