

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

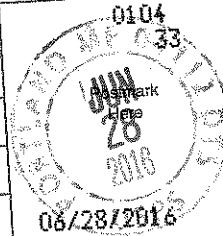
For delivery information visit our website at www.usps.com®

GRAY ME 04093

OFFICIAL USE

7010 3090 0002 3273 8597

Postage	\$3.30
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>048 C001</b>	47
Total Postage & Fees	\$6.47



Sent To: **BAGLEY MANAGEMENT**  
 Street, Apt. No., or PO Box No. **14 CHARLONATE DR**  
 City, State, ZIP+4 **GRAY ME 04093**

PS Form 3800, August 2005

See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3. Also complete



or on the front if space permits.

1. Article Addressed to:  
**BAGLEY MANAGMENT**  
**14 CHARLONATE DR**  
**GRAY ME 04093**

**CBL: 048 C901**  
**INSP: 142 GRANT ST**

2. Article Number  
 (Transfer from service label)

PS Form 3811, July 2013

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Bonnie Bagley*  Agent  Addressee

B. Received by (Printed Name) **Bonnie Bagley** C. Date of Delivery **7-6**

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

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Domestic Return Receipt