

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

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

7008 0500 0001 4587 9765

GRAY ME 04039

DISPATCH USE

Postage	\$ 0.44	0104	
Certified Fee	\$ 2.80	04	
Return Receipt Fee (Endorsement Required)	\$ 2.30		Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$ 0.00		
Total Postage & Fees	\$ 5.54	05/20/2009	

Sent To *Basley mgmt*

Street, Apt. No.,
or PO Box No. *14 Charltonate Dr.*

City, State, ZIP+4 *Gray, ME 04039*

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:

*Basley Management
14 Charltonate Dr.
Gray, ME 04039*

48-C-1

2. Article Number
(Transfer from service label)

7008 0500 0001 4587 9765

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

x Bonnie Basley

B. Received by (Printed Name) C. Date of Delivery

Bonnie Basley

D. Is delivery address different from item 1? Yes No

If YES, enter delivery address below:

MAY 29 2009

Haym

3. Service Type

Certified Mail Express Mail

Registered Return Receipt for Merchandise

Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes