

**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 04039

| | | |
|---|-----------|---------------|
| Postage | \$ | \$0.49 |
| Certified Fee | | \$3.30 |
| Return Receipt Fee (Endorsement Required) | | \$2.70 |
| Restricted Delivery Fee (Endorsement Required) | | \$0.00 |
| Total Postage & Fees | \$ | \$6.49 |



7013 1090 0002 1737 7271

Sent To
Bagley Mgmt Inc
 Street, Apt. No., or PO Box No. *14 Charbonate 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:
Bagley Mgmt, Inc
14 Charbonate Dr
Gray, ME 04039

COMPLETE THIS SECTION ON DELIVERY

A. Signature
x Bonnie J Bagley Agent Addressee

B. Received by (Printed Name) *Bonnie J Bagley* C. Date of Delivery *7/1/14*

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 7271*
 (Transfer from service label)