

U.S. Postal Service™

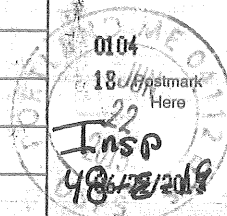
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

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

PORTLAND ME 04101

Postage	\$	\$3.45
Certified Fee		\$2.80
Return Receipt Fee (Endorsement Required)		\$0.00
Restricted Delivery Fee (Endorsement Required)		N/A
Total Postage & Fees	\$	\$6.74



7010 1870 0002 8136 8145

Sent To **Geoffrey Rice**
 Street, Apt. No., or PO Box No. **657 Congress 1st Floor**
 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.
- 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:

Geoffrey Rice
657 Congress Street 1st Floor
Portland, Maine 04101

048 E019

2. Article Number

(Transfer from service label)

7010 1870 0002 8136 8145

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

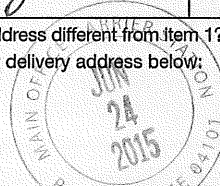
X *[Signature]*

- 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

Domestic Return Receipt