

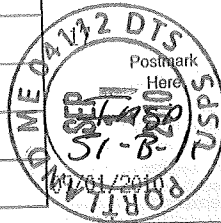
U.S. Postal ServiceTM
CERTIFIED MAILTM RECEIPT
 (Domestic Mail Only, No Insurance Coverage Provided)

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

PORTLAND ME 04102

7008 0500 0001 4582 1702

Postage	\$ 0.44	0104
Certified Fee	\$2.80	
Return Receipt Fee (Endorsement Required)	\$2.30	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.54	



Sent To

Frank John

Street, Apt. No.,
or PO Box No.

99 Washburn Ave

City, State, ZIP+4

Portland, ME 04102

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:

Frank John
99 Washburn Ave
Portland, Maine 04102

051 B 011

COMPLETE THIS SECTION ON DELIVERY

A. Signature

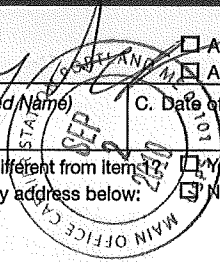
X *[Signature]* Agent

B. Received by (Printed Name)

Addressee

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
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

4. Restricted Delivery? (Extra Fee)

Yes

2. Article Number

(Transfer from service label)

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