


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete</li> <li></li> <li>or on the front if space permits.</li> </ul>	<p>A. Signature  <input checked="" type="checkbox"/> Addressee  <input type="checkbox"/> Agent</p> <p>B. Received by (Printed Name)            Gwen Gilman</p> <p>C. Date of Delivery            9-10-16</p>
<p>1. Article Addressed to:</p> <p>Gwen Gilman            260 Park Ave. #6            Portland, ME 04102</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes  <input checked="" type="checkbox"/> No            If YES, enter delivery address below:</p> <p>3. Service Type  <input type="checkbox"/> Certified Mail  <input checked="" type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered  <input checked="" type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail  <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number            (Transfer from service label)</p>	<p>7010 1870 0002 8136 6486</p>