	CERTIFIED Normatic Mail Only; or delivery information PORTLAND ME 0410 Postage \$ Certified Fee Return Receipt Fee	No Insurance	e Coverage Proving a transfer of the street	Pmo Pmo Pmo Pmo Pmo Pmo Pmo Pmo Pmo Pmo	
Re (En) C To	estricted Delivery Fee dorsement Required) otal Postage & Fees \$ in To SHW F oet, Api. No.; CO Box No. CS State, ZIP+4 Form 3800. August 2006	\$2.35 + \$0.00 \$5.75 Copertion ALLE	1) Here 2012 0545012 0545012 05Av2 Av2 ME Over See Reverse for	2) one one	
SENDER: COMPLETE Complete items 1, 2 item 4 if Restricted E Print your name and so that we can return Attach this card to the or on the front if spa Article Addressed to:	, and 3. Also comple Delivery is desired. address on the reve in the card to you. ne back of the mailpi	te A	Is delivery address	ited Name) (0	Agent Addresse C. Date of Deliver 7 Yes
SHW PROPEI 661 ALLEN A PORTLAND N	VENUE		•	☐ Express Mail	ot for Merchandis

U.S. Postal Service™

(Transfer from service label) PS Form 3811, February 2004

053 C016

2. Article Number

Domestic Return Receipt

1870

7010

☐ Insured Mail

0002

4. Restricted Delivery? (Extra Fee)

☐ C.O.D.

8136

5892

102595-02-M-1540

☐ Yes