

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

7005 1160 0000 4787 1597

OFFICIAL USE

Postage	\$ 0.39
Certified Fee	2.40
Return Receipt Fee (Endorsement Required)	1.85
Restricted Delivery Fee (Endorsement Required)	
Total Postage & Fees	\$ 4.64

UNIT ID: 0104

Postmark Here
 CLEARING KZZT
 JUN 29 2006
 53H1

Sent To **KEHNETT FISK**

Street, Apt. No., or PO Box No. **43 SPINNAKER LN**

City, State, ZIP+4 **FALMOUTH, MA 02540**

PS Form 3800, June 2002 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:

KEHNETT FISK
43 SPINNAKER LN
FALMOUTH, MA 02540

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) Agent
 Addressee

C. Date of Delivery **3/2/06**

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

53H1

2. Article Number **7005 1160 0000 4787 1597**
 (Transfer from se _____)