

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:
**LONGFELLOW SQUARE
104 GRANT STREET
PORTLAND MAINE 04101**

RE: 055 E039

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Mike Bunk*

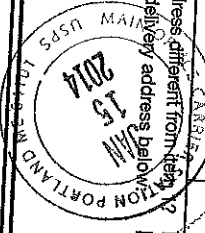
Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from below?
If YES, enter delivery address below

Yes
 No



3. Service Type

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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number **7013 1090 0002 1737 6670**
(Transfer from service label)

PS Form 3811, February 2004 Domestic Return Receipt