

7010 1870 0002 8136 7186

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

For delivery information visit our website at www.usps.com.
 FREEPORT, ME 04032

OFFICIAL USE

Postage	\$2.80
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
CSG I012	\$
Total Postage & Fees	\$6.74

0104
 Postmark Here
 NOV 9 2015
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Sent To: **BETTY POMROY**
 Street, Apt. No., or PO Box No.: **PO BOX 365**
 City, State, ZIP+4: **FREEPORT ME 04032**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address so that we can return the receipt to you. Attach this receipt to the front of the package. 		<p>A. Signature</p> <p>X <i>Betty A Pomroy</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>Received by (Printed Name) <input type="checkbox"/> Date of Delivery</p>	
<p>1. Article Addressed to:</p> <p>BETTY A POMROY PO BOX 365 FREEPORT ME 04032</p> <p>RE: 056 I012 INSP: 268 SPRING ST</p>		<p>B. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>If YES, enter delivery address below:</p>	
<p>2. Article Number (Transfer from service label)</p> <p>7010 1870 0002 8136 7186</p>		<p>3. Service Type</p> <p><input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p>	
		<p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	