

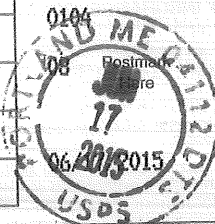
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

PORTLAND ME 04102

7010 1870 0002 8136 8633

Postage	\$	\$3.45
Certified Fee		\$2.80
Return Receipt Fee (Endorsement Required)		\$0.00
Restricted Delivery Fee (Endorsement Required)		N/A
057 C009 Total Postage & Fees	\$	\$6.74



Sent To **PAUL LEWANDOWSKI**
 Street, Apt. No.;
 or PO Box No. **116 CLARK ST**
 City, State, ZIP+4 **PORTLAND ME 04102**

PS Form 3800, August 2006 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:

PAUL LEWANDOWSKI
116 CLARK ST
PORTLAND ME 04102

RE: 057 C009
INSP: 116 CLARK ST

2. Article Number

(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

Agent

Addressee

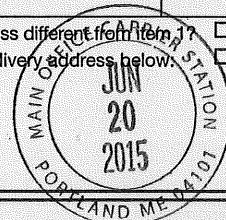
B. Received by (Printed Name)

C. Date of Delivery

D. Is delivery address different from item 1?
 If YES, enter delivery address below:

Yes

No



3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

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