

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

7010 3090 0002 3273 9891

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

PORTLAND ME 04102

Postage	\$ 04.45
Certified Fee	\$2.95
Return Receipt Fee (Endorsement Required)	\$2.35
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 5.75



Sent To Benjamin Crocker
 Street, Apt. No.;
 or PO Box No. 13 Carroll 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:

**BENJAMIN CROCKER
 13 CARROLL STREET
 PORTLAND ME 04102**

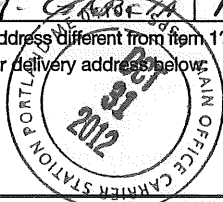
062 B020

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Gladys P. Gaudin Addressee

B. Received by (Printed Name) GLADYS P. GAUDIN C. Date of Delivery 10/31/12

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

2. Article Number
 (Transfer from service label)

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