

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

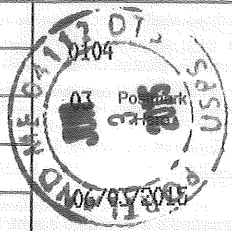
For delivery information visit our website at www.usps.com

PORTLAND ME 04102

OFFICIAL USE

8008 8136 8008 7010 1870 0002 8136 8008

Postage	\$ 3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
Total Postage & Fees	\$6.49
INSP	\$6.74



Sent To **WILLIAM KILBRETH**
 Street, Apt. No., or PO Box No. **46 WEST 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:

**WILLIAM KILBRETH
46 WEST ST
PORTLAND ME 04102**

**RE: 063 H003.
INSP: 46 WEST ST**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Will Kilbreth

B. Received by (Printed Name) C. Date of Delivery
Will Kilbreth

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

JUN 10 2015

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7010 1870 0002 8136 8008**