

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

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

7010 3090 0002 3273 9846

PORTLAND ME 04103

Postage	\$	\$0.45	
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 **JEFFREY CORBIN**

Street, Apt. No., or PO Box No. **836 Washington Ave #9**

City, State, ZIP+4 **Portland ME 04103**

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:

JEFFREY CORBIN
836 WASHINGTON AVENUE #9
PORTLAND ME 04103

064 D012

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Signature Agent
 Addressee

B. Received by (Printed Name) **JEFF CORBIN**

C. Date of Delivery

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

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