

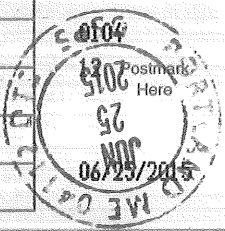
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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WINDHAM ME 04062 **OFFICIAL USE**

7010 1870 0002 8136 8442

Postage	\$ 3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
064 D022 Total Postage & Fees	\$0.49
INSP	\$6.74



Sent To **JAMES CUMMINGS**
 Street, Apt. No., or PO Box No. **PO BOX 957**
 City, State, ZIP+4 **WINDHAM ME 04062**

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 mail piece or on the front if space permits.

1. Article Addressed to:

JAMES CUMMINGS
PO BOX 957
WINDHAM ME 04062

RE: 064 D022
INSP: 245 ST JOHN ST

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
[Signature]

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

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

James Cummings

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 8442**