

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

7009 0820 0001 4189 2034

Postage	\$	\$0.44	0104
Certified Fee		\$2.80	
Return Receipt Fee (Endorsement Required)		\$2.30	
Restricted Delivery Fee (Endorsement Required)		\$0.00	
Total Postage & Fees	\$	\$5.54	

Sent To Postolache Ionel

Street, Apt. No.; or PO Box No. 3 Cherry 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:

Postolache Ionel
3 Cherry Street
Portland, Maine 04102

065 A007

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

X Postolache

B. Received by (Printed Name) C. Date of Delivery
7-14-10

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) 7009 0820 0001 4189 2034