

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

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

OFFICIAL USE

7010 1870 0002 8136 9937

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

0104
11
Postmark
Here
MAR 9 2016
03/09/2016

Sent To **Thomas BRASCH**
 Street, Apt. No., or PO Box No. **14 FREDERIC 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 applicable.

■ Print or type clearly and legibly. Do not use abbreviations, or on the front if space permits.

■ Attachments, if any, must be attached to the front of the mailpiece.

1. Article Addressed to:
SANTARELLI DE BRASCH THOMAS
14 FREDERIC ST
PORTLAND ME 04102

CBL: 066 F021
INSP: 466 ST JOHN ST



COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

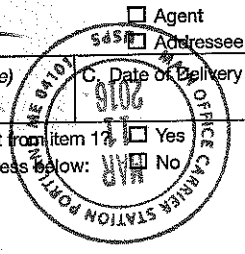
B. Received by (Printed Name) **Tom Santarelli**

C. Date of Delivery **03/09/2016**

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

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 9937**

PS Form 3811, July 2013

Domestic Return Receipt