

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:

**STACEY CAMPBELL
37 PAYSON ST
PORTLAND MAINE 04102**

RE: 066A C003**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

x *Stacey Campbell* Agent Addressee

B. Received by (Printed Name)

Stacey Campbell

C. Date of Delivery

*1/25/14*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

7013 1090 0002 1737 6694

(Transfer from service label)

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540