

U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT

(Domestic Mail Only; No Insurance Coverage Provided)

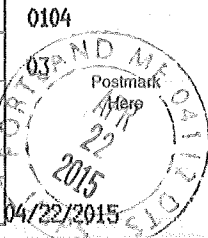
For delivery information visit our website at www.usps.com.

PORTLAND, ME 04102

OFFICIAL USE

7506 7506 8136 0002 9E78 1870 7010

Postage	\$ 0.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
067 K008 Total Postage & Fees	\$ 6.49



Sent To **JOHN MISHOUL**
 Street, Apt. No., or PO Box No. **5 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 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:

JOHN MISHOUL
5 FREDERIC ST
PORTLAND ME 04102

RE: 067 K008
INSP

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
X

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

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

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 7506**