

**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

5908 8085
E22E 3273
0002 060E
07010 3090

Postage	\$3.30
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.47

0104
11
Postmark Here
JUN 22 2016
06/22/2016
OFF-DECE

Sent To
Kenneth A. + Sherrie M. Curlew
Street, Apt. No., or PO Box No. 158 St. John Street
City, State, ZIP+4
Portland, Maine 04102
PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
 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.	A. Signature X <i>Sherrie Curlew</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee B. Received by (Printed Name) <i>Sherrie Curlew</i> C. Date of Delivery <i>6/27/16</i>
1. Article Addressed to: <i>Kenneth A. + Sherrie M. Curlew 158 St. John St. Portland, ME 04102</i>	D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES, enter delivery address below:
2. Article Number (Transfer from service label)	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

7010 3090 0002 3273 8085