П (Domestic Mail Only; No Insurance Coverage Provided) 口 For delivery information visit our website at www.usps.comg a. PORTLAND HE 04102 ru T 古日 \$0.64 Postage \$2.85 Certified Fee Return Receipt Fee \$2.30 (Endorsement Required) Restricted Delivery Fee \$0.00 (Endorsement Required) \$5.79 Total Postage & Fees Sent Towerence Street, Apt. No or PO Box No. City, State, ZIP+4 PS Form 3800, August 2006 SENDER: COMPLETE THIS SECTION COMPLETE THIS SECTION ON DELIVERY A. Signature ■ 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. C. Date of Delivery Attach this card to the back of the mailpiece. or on the front if space permits. D. Is delivery address different from item 1? 1. Article Addressed to: If YES, enter delivery address below: ☐ No **Deliverance Center** 1008 Congress Street Portland, Maine 04102 3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Return Receipt for Merchandise ☐ Registered Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes

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