

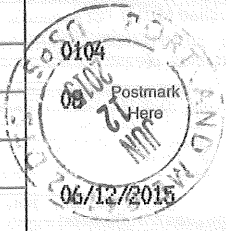
**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

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

PORTLAND ME 04103

7010 1870 0002 8136 8350

Postage	\$ 3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
081 A004 Total Postage & Fees	\$6.49
	\$6.74



Sent To **GREGORY NISBET**
 Street, Apt. No.; or PO Box No. **124 NOYES ST**
 City, State, ZIP+4 **PORTLAND ME 04103**

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:

GREGORY NISBET
124 NOYES ST
PORTLAND ME 04103

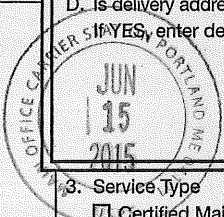
RE: 081 A004
INSP: 188 DARTMOUTH

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
X *Margaret Nisbet*

B. Received by (Printed Name) _____ 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 8350**