

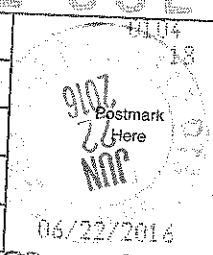
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

OFFICIAL USE

7010 3090 0002 3273 8108

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



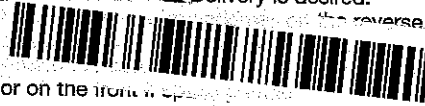
Sent To
 Street, Apt. No., or PO Box No. Scott Peterson
144 North Shore Rd
 City, State, ZIP+4 Gray ME 04039

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

Complete items 1, 2, and 3. Also complete Restricted Delivery if desired.



1. Article Addressed to:

Scott Peterson
144 North Shore Rd
Gray, ME 04039

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
Scott Peterson

B. Received by (Printed Name) SCOTT PETERSON C. Date of Delivery 6/25/16

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

7010 3090 0002 3273 8108

PS Form 3811, July 2013

Domestic Return Receipt