

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

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

CLIFF ISLAND ME 04019 **OFFICIAL USE**

7010 1870 0002 8136 6295

Postage	\$ 0.45	
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$2.35	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.75	

Sent To Carolyn Rideout
 Street, Apt. No., or PO Box No. PO BOX 98
 City, State, ZIP+4 CLIFF ISLAND ME 04019

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:

**CAROLYN RIDEOUT
 PO BOX 98
 CLIFF ISLAND, ME 04019**

109B B041

2. Article Number
 (Transfer from service label)

7010 1870 0002 8136 6295

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Carolyn Rideout Agent Addressee

B. Received by (Printed Name) Carolyn Rideout C. Date of Delivery 9/22/02

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

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes