

**U.S. Postal Service™  
CERTIFIED MAIL™ RECEIPT**

(Domestic Mail Only; No Insurance Coverage Provided)

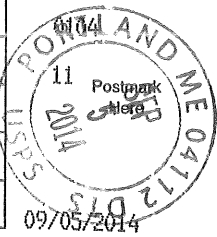
For delivery information visit our website at [www.usps.com](http://www.usps.com)®

7012 0470 0002 1928 5723

HARWINTON CT 06791

**OFFICIAL USE**

|   |    |        |
|---|----|--------|
| Postage   | \$ | \$0.49 |
| Certified Fee                                     |    | \$3.30 |
| Return Receipt Fee<br>(Endorsement Required)      |    | \$2.70 |
| Restricted Delivery Fee<br>(Endorsement Required) |    | \$0.00 |
| 109C B007<br>Total Postage & Fees                 | \$ | \$6.49 |



Sent To Murock Gail

Street, Apt. No.;  
or PO Box No. 735 Plymouth Rd

City, State, ZIP+4 Harwinton CT 06791

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:

**MUROCK GAIL P  
735 PLYMOUTH RD  
HARWINTON CT 06791**

**RE: 109C B007  
INSP**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*x Gail Murock*

B. Received by (Printed Name) Gail Murock C. Date of Delivery 9-11-14

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

2. Article Number (Transfer from service label) 7012 0470 0002 1928 5723