

COMPLETE THIS SECTION ON DELIVERY

102595-02-M-1540

 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. Article Addressed to: 	A. Signature Agent Addresses Addres
Daniel K. Legene	ii res, characinvery address solow.
346 Wasford St	3. Service Type ☐ Certified Mail ☐ Express Mail
Potland, me	☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail ☐ C.O.D.
04103	4. Restricted Delivery? (Extra Fee)
2. Article Number 701	2 0470 0002 1.928 SL29

Domestic Return Receipt

SENDER: COMPLETE THIS SECTION

(Transfer from service label)
PS Form 3811, February 2004