

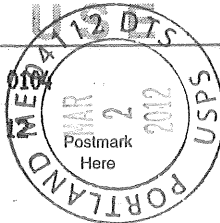
U.S. Postal Service[™]
CERTIFIED MAIL[™] RECEIPT
(Domestic Mail Only, No Insurance Coverage Provided)

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

CAPE ELIZABETH ME 04107

7010 1870 0002 8136 5649

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



03/02/2012

Sent To **BOLLIE BOLLENBACH**
 Street, Apt. No., or PO Box No. **51 BELFIELD RD**
 City, State, ZIP+4[®] **CAPE ELIZABETH ME 04107**

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:

BOLLIE BOLLENBACH
51 BELFIELD ROAD
CAPE ELIZABETH ME 04107

123 L004

2. Article Number
(Transfer from service label)

7010 1870 0002 8136 5649

COMPLETE THIS SECTION ON DELIVERY

A. Signature X *[Signature]* Agent
 Addressee

B. Received by (*Printed Name*) *[Signature]* C. Date of Delivery

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

[Circular Postmark: PORTLAND BR MAR 14 2012 50 PORTLAND ME 04106]

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

4. Restricted Delivery? (*Extra Fee*) Yes