

U.S. Postal Service™

# CERTIFIED MAIL™ RECEIPT

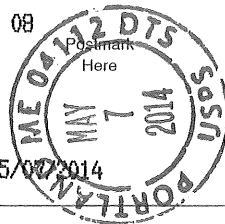
(Domestic Mail Only; No Insurance Coverage Provided)

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

PORTLAND ME 04103

7013 1090 0002 1737 6922

Postage	\$ 00.49	0104
Certified Fee	\$3.30	08
Return Receipt Fee (Endorsement Required)	\$2.70	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 06.49	05/07/2014



Sent To 124 G021  
**Kathleen Hawkins**  
 Street, Apt. No.;  
 or PO Box No. 190 Coyle St  
 City, State, ZIP+4 Portland, ME 04103

PS Form 3800, August 2006

See Reverse for Instructions

### SENDER: COMPLETE THIS SECTION

### COMPLETE THIS SECTION ON DELIVERY

- 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.

A. Signature  Agent  
 Addressee  
*X [Signature]*

B. Received by (Printed Name)  Agent  
 Addressee  
*Kathleen Hawkins*

C. Date of Delivery

1. Article Addressed to:

**KATHLEEN HAWKINS**  
**190 COYLE ST**  
**PORTLAND ME 04103**

**RE: 124 G021**

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

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 7013 1090 0002 1737 6922  
 (Transfer from service label)