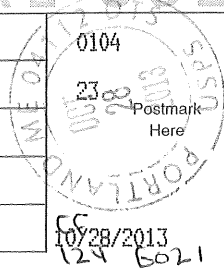


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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PORTLAND ME 04103

Postage	\$ 0.46
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$2.55
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ 6.11



7013 1090 0002 1737 6403

Sent To 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 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:
KATHLEEN M HAWKINS
190 COYLE STREET
PORTLAND ME 04103

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Kate Hawkins Agent
 Addressee

B. Received by (Printed Name)
Kate Hawkins

C. Date of Delivery
10/30/2013

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

7013 1090 0002 1737 6403