

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

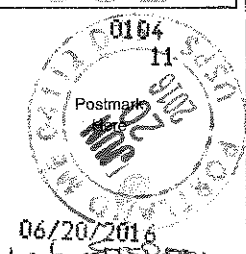
For delivery information visit our website at www.usps.com

PORTLAND, ME 04101

OFFICIAL USE

7010 3090 0002 3273 8535

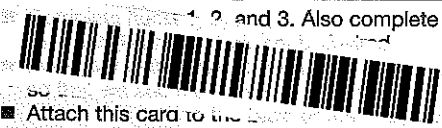
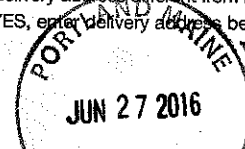
Postage	\$3.30
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.47



Sent To: Michael J. Welch
 Street, Apt. No. or PO Box No.: 29 Clifton St.
 City, State, ZIP+4: Portland ME 04101

PS Form 3800, August 2006

See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<p>1, 2, and 3. Also complete</p>  <p>■ Attach this card to the back of the envelope or on the front if space permits.</p> <p>1. Article Addressed to:</p> <p><u>Michael J. Welch</u> <u>29 Clifton St.</u> <u>Portland, ME 04101</u></p> <p><u>126-2009001</u></p>	<p>A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p><u>[Signature]</u></p> <p>B. Received by (Printed Name) C. Date of Delivery</p> <p><u>SUSAN MA-KH</u></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below:</p>  <p>3. Service Type</p> <p><input checked="" type="checkbox"/> Certified Mail <input checked="" type="checkbox"/> Priority Mail Express™</p> <p><input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p> <p>7010 3090 0002 3273 8535</p>	