

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)

HYDE PARK, VT 05655

**OFFICIAL USE**

7008 0500 0001 4587 8966

Postage	\$3.45	\$7.80
Certified Fee	\$0.00	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00	\$0.00
<b>133 D027</b>		
Total Postage & Fees	\$6.74	



Sent To: **JOSEPH MONTHEY**  
 Street, Apt. No., or PO Box No.: **2365 GARFIELD RD**  
 City, State, ZIP+4: **HYDE PARK VT 05655**

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

- Complete items 1-3
- Place this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**JOSEPH MONTHEY**  
**2365 GARFIELD RD**  
**HYDE PARK VT 05655**

CBL: 133 D027  
 INSP: 100 BRENTWOOD ST

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
 X

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery **3-14**

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

3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes  No

2. Article Number (Transfer from service label) **7008 0500 0001 4587 8966**