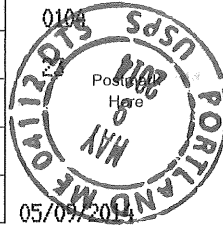


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FALMOUTH ME 04105

| | | |
|---|----|--------|
| Postage | \$ | \$0.49 |
| Certified Fee | | \$3.30 |
| Return Receipt Fee (Endorsement Required) | | \$2.70 |
| Restricted Delivery Fee (Endorsement Required) | | \$0.00 |
| 134 F013 Total Postage & Fees | \$ | \$6.49 |



7013 1090 0002 1737 6946

Sent To Andrew + Julie Derice
 Street, Apt. No., or PO Box No. 2 Flintlock LN
 City, State, ZIP+4 Falmouth, ME 04105
 PS Form 3800, August 2006 See Reverse for Instructions

| SENDER: COMPLETE THIS SECTION | | COMPLETE THIS SECTION ON DELIVERY | |
|--|--|--|--|
| <ul style="list-style-type: none"> 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 <u>X Julie Derice</u> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee B. Received by (Printed Name) _____ C. Date of Delivery _____ | |
| 1. Article Addressed to: ANDREW & JULIE DERICE 2 FLINTLOCK LN FALMOUTH ME 04105 RE: 134 F013 | | D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____ | |
| 2. Article Number (Transfer from service label) <u>7013 1090 0002 1737 6946</u> | | 3. Service Type <input type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D. | |
| | | 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes | |

