

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

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

ORRINGTON ME 04474 **OFFICIAL USE**

7010 1870 0002 8136 6059

Postage	\$	\$0.45
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.75



Sent To **VINCENT A WANK**

Street, Apt. No., or PO Box No. **32 RICHARDSON RD**

City, State, ZIP+4 **ORRINGTON, ME 04474**

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:

**VINCENT A WANK
 32 RICHARDSON ROAD
 ORRINGTON, ME 04474**

138 B006

2. Article Number

(Transfer from service label)

7010 1870 0002 8136 6059

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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