

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

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

7010 3090 0002 3274 0279

OFFICIAL USE
 PORTLAND ME 04112

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

0104
 23
 Postmark Here
 APR 16 2013
 PORTLAND ME 04112 DIS
 USPS
 04/16/2013

Sent to: Peter Kelly
 Street, Apt. No., or PO Box No. 24 Mackworth St
 City, State, ZIP+4 Portland, ME 04103
 PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION

COMPLETE THIS SECTION ON DELIVERY

- 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
 X Deirdre Kelly Agent Addressee

B. Received by (Printed Name) Deirdre Kelly C. Date of Delivery APR 16 2013

D. Is delivery address different from item 1? Yes
 If YES, enter delivery address below: 2013 No

Deirdre Kelly

1. Article Addressed to:
Peter Kelly
24 Mackworth St.
Portland, ME 04103

3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

2. Article Number
 (Transfer from service label)
139 B009001

4. Restricted Delivery? (Extra Fee) Yes

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