SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERT
 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
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES enter delivery address below: No
Louis Paul E 2 Oak St	00 00 00 00 00 00 00 00 00 00 00 00 00
South Portland, ME 04106	3. Service Type 901 → 1" Certified Mail □ Express Mail □ Registered □ Return Receipt for Merchandise □ Insured Mail □ C.O.D.
140 F002001	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number (Transfer from service label) 7013 1090	0002 1737 6281
PS Form 3811, February 2004 Domestic Ret	turn Receipt 102595-02-M-1540

ETE THE CECTION