

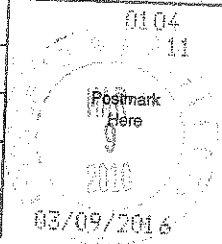
**U.S. Postal Service™**  
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Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>C01 E029</b> Total Postage & Fees	\$6.74



Sent To **MARK RICCI**  
 Street, Apt. No., or PO Box No. **PO BOX 514**  
 City, State, ZIP+4 **BRIDGTON ME 04009**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY	
<p><input checked="" type="checkbox"/> Complete items 1, 2, and 3. Also complete</p>  <p>or on the front if space permits.</p> <p>1. Article Addressed to:  <b>MARK RICCI</b>  <b>PO BOX 514</b>  <b>BRIDGTON ME 04009</b></p> <p><b>CBL: 021 E029</b>  <b>INSP: 20 SMITH ST</b></p>	<p>A. Signature  <input checked="" type="checkbox"/> <i>Mark Ricci</i> <input type="checkbox"/> Agent  <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes                      If YES, enter delivery address below: <input type="checkbox"/> No</p>	
<p>2. Article Number _____                      (Transfer from service label)</p>	<p>3. Service Type  <input type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™  <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise  <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
<p>PS Form 3811, July 2013</p>	<p><b>7010 1870 0002 8136 9920</b>                      Domestic Return Receipt</p>	