

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

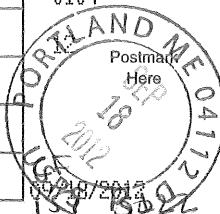
For delivery information visit our website at [www.usps.com](http://www.usps.com)®

PORTLAND ME 04103

**OFFICIAL USE**

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

0104



7010 1870 0002 8136 6271

Sent To **Bobby Sue Lowe**  
 Street, Apt. No.; or PO Box No. **165 Woodlawn Ave**  
 City, State, ZIP+4 **Portland, ME 04103**

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:

**BOBBY SUE LOWE**  
**165 WOODLAWN AVENUE**  
**PORTLAND, ME 04103**

**151 B022**

2. Article Number  
(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 **Bobby Sue Lowe**  Agent  
 Addressee

B. Received by (Printed Name) **Bobby Sue Lowe** C. Date of Delivery **9/19/12**

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

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