

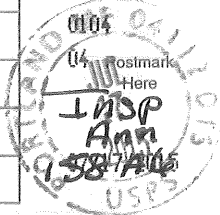
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

PORTLAND ME 04103

OFFICIAL USE

Postage	\$	\$3.45
Certified Fee		\$2.80
Return Receipt Fee (Endorsement Required)		\$0.00
Restricted Delivery Fee (Endorsement Required)		N/A
Total Postage & Fees	\$	\$7.89



7010 1870 0002 8136 8794

Sent To **Koharig Saribekian**
 Street, Apt. No., or PO Box No. **31 Brookside Rd**
 City, State, ZIP+4 **Portland, ME 04103**

PS Form 3800, August 2006 See Reverse for Instructions

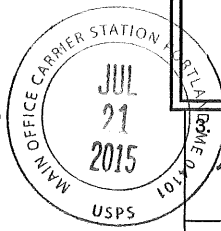
SENDER: COMPLETE THIS SECTION

- 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:

Koharig Saribekian
31 Brookside Road
Portland, Maine 04103

158 A006



COMPLETE THIS SECTION ON DELIVERY

A. Signature **X** Agent Addressee

B. Received by (Printed Name) **X** C. Date of Delivery **7/21/15**

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



Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

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