

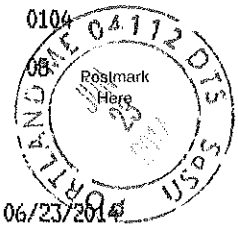
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

7013 1090 0002 1737 7226

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

OFFICIAL USE
 PORTLAND ME 04103

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
168 E015 Total Postage & Fees	\$	\$6.49



Sent To **VIKTOR BLAZEVIC**
 Street, Apt. No.; or PO Box No. **68 INVERNESS ST**
 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:

VIKTOR BLAZEVIC
68 INVERNESS ST
PORTLAND ME 04103

RE: 168 E015

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
X Kristina Blazevic Addressee

B. Received by (Printed Name) C. Date of Delivery

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

2. Article Number **7013 1090 0002 1737 7226**
(Transfer from service label)