U.S. Postal Service™ CERTIFIED MAIL, RECEIPT (Domestic Mail Only; No Insurance Coverage Provided) L =0 For delivery information visit our website at www.usps.com@ П SCARBOROUGH ME 04074 r~ m \$0.49 Postage Certified Fee \$3.30 Return Receipt Fee Here \$2,70 (Endorsement Required) Restricted Delivery Fee \$0.00 (Endorsement Required) \$6.49 Total Postage & Fees Sent To m Street, Abt. or PO Box No. City, State, ZIP+4 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:

TERI DUNHAM 21 CLOVER LEAF LN SCARBOROUGH ME 04074

RE: 176 A007

Article Number

A. Signature Agent Agent Addressee B. Received by (Printed Name) 0 17 Date of Delivery ☐ Yes D. Is delivery address different from item If YES, enter delivery address ballow: 3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise ☐ Insured Mail □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

(Transfer from service label)
PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540