

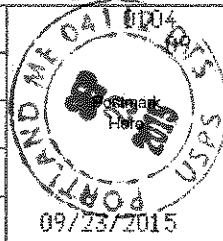
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

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

RAYMOND ME 04071

**OFFICIAL USE**

Postage	\$3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
INSP	\$0.74
<b>Total Postage &amp; Fees</b>	<b>\$6.74</b>




7010 1870 0002 8136 9241

Sent To **KIRK HILL**  
 Street, Apt. No.; or PO Box No. **4 WORCESTER RD**  
 City, State, ZIP+4 **RAYMOND ME 04071**

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.
- 
- or on the front if space permits.

1. Article Addressed to:  
**KIRK HILL**  
**4 WORCESTER RD**  
**RAYMOND ME 04071**

**RE: 185 B018**  
**INSP: 39 COLONIAL RD**

2. Article Number  
 (Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  Addressee  
*X Mary Moran*

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery **9/25/15**

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

3. Service Type
- Certified Mail®  Priority Mail Express™
  - Registered  Return Receipt for Merchandise
  - Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

PS Form 3811, July 2013

7010 1870 0002 8136 9241

Domestic Return Receipt