

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

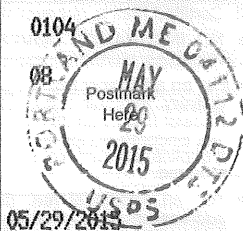
For delivery information visit our website at [www.usps.com](http://www.usps.com)

RAYMOND ME 04071

**OFFICIAL USE**

7957 8136 0002 0002 8136 7957

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>INSP</b> Total Postage & Fees	\$	\$6.49



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.
- 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:

**KIRK R HILL**  
**4 WORCESTER RD**  
**RAYMOND ME 04071**


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

2. Article Number

*(Transfer from service label)*

7010 1870 0002 8136 7957

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X   Agent  Addressee

B. Received by *(Printed Name)* C. Date of Delivery **6-3-15**

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

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

Domestic Return Receipt