

**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:

Jeffrey P. Cobin  
836 Washington Ave  
Portland, ME 04103



2. Article Number  
(Transfer from service label)

7014 1820 0001 4047 0782

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  X *Jeffrey P. Cobin*  Agent  Addressee

B. Received by (Printed Name) *JEFF COBIN* C. Date of Delivery *7/12/11*

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

*AG*

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

4. Restricted Delivery? (Extra Fee)  Yes

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

4. Restricted Delivery? (Extra Fee)  Yes