SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.	A. Signature
Print your name and address on the reverse so that we can return the card to you.	B. Received by (Printed Name) C. Date of Delivery
Attach this card to the back of the mailpiece, or on the front if space permits.	TERF CORDW 7(12/1/
1. Article Addressed to:	D. Is delivery address different from item 1? Yes If YES, enter delivery address below:
Jeffrey P. Cobini 836 Washington Her Portland, ME 103	<b>4</b> 9
836 Mary 200	3. Service Type
Postland, ME CATION	☐ Registered ☐ Return Receipt for Merchandlse
	☐ Insured Mail ☐ Collect on Delivery
	4. Restricted Delivery? (Extra Fee) ☐ Yes
2. Article Number 7014 1620 (Transfer from service label)	0001 4047 0782 ***
PS Form 3811, July 2013 Domestic Ret	urn Receipt

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