

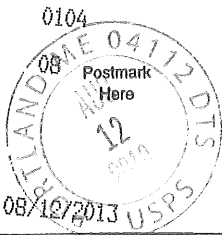
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

PORTLAND ME 04102
OFFICIAL USE

7012 0470 0002 1928 5327

Postage	\$ <u>10.46</u>
Certified Fee	\$3.10
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$ <u>13.56</u>



Sent to
 Binette Evelyn L
 Street, Apt. No.,
 or PO Box No. 36 Greeley ST
 City, State, ZIP+4
 Portland, ME 04102

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:

Binette Evelyn L
 36 Greeley St
 Portland, ME 04102

190 G016001

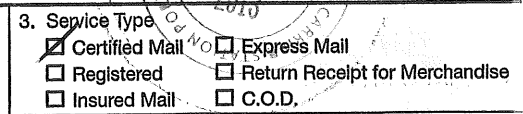
2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X Kevin Anderson Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery
 8/13/13

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



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

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