

## 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:

**Paul E. White**  
**113 Warwick St**  
**Portland, Maine 04103**

275 I022

2. Article Number

(Transfer from service label)

7010 0780 0001 1492 9896

## COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Sharon White*  Agent  
 Addressee

B. Received by (Printed Name)

Sharon White

C. Date of Delivery

6/4/11

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

3. Service Type

- Certified Mail       Express Mail  
 Registered       Return Receipt for Merchandise  
 Insured Mail       C.O.D.

4. Restricted Delivery? (Extra Fee)

 Yes