

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

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

OFFICIAL USE

8559 822E 2000 060E 0100

Postage	\$
Certified Fee	
Return Receipt Fee (Endorsement Required)	
Restricted Delivery Fee (Endorsement Required)	
294 C062 Total Postage & Fees	\$



Sent To: **GEORGES BUDAGU MAKOKO**
 Street, Apt. No., or PO Box No. **26 BEAUMONT ST**
 City, State, ZIP+4 **PORTLAND ME 04103**

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:

GEORGES BUDAGU MAKOKO
26 BEAUMONT ST
PORTLAND ME 04103


CBL: 294 C062
INSP: 26 BEAUMONT ST

2. Article Number
 (Transfer from service label)

PS Form 3811, July 2013

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X  Agent Addressee

B. Received by (Printed Name)  C. Date of Delivery

D. Is delivery address different from label? 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

7010 3090 0002 3273 8559

Domestic Return Receipt