

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 04103

OFFICIAL USE

7010 3090 0002 3273 7972

Postage	\$3.30
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.47

0104
11
Postmark
Here
07/07/2016

Sent To Jerry B Keene
 Street, Apt. No.,
 or PO Box No. 44 Vernal 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.



1. Article Addressed to:

Jerry B. Keene
44 Vernal St.
Portland, ME 04103

2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature [Signature] Agent
 Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 7/9/16

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



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 7972

PS Form 3811, July 2013

Domestic Return Receipt