

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

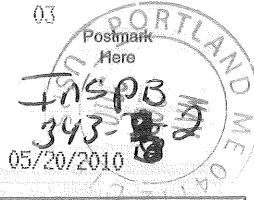
For delivery information visit our website at www.usps.com

PORTLAND ME 04103

OFFICIAL USE

7009 0820 0001 4189 2089

| | | |
|---|----------------|------|
| Postage | \$ 0.44 | 0104 |
| Certified Fee | \$2.80 | 03 |
| Return Receipt Fee (Endorsement Required) | \$2.30 | |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 | |
| Total Postage & Fees | \$ 5.54 | |



Sent To
 Street, Apt. No., or PO Box No. Cope Thelma
190 Riverside St SBY
 City, State, ZIP+4 Port 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:

Cope Thelma
190 Riverside Street Suite B4
Portland, Maine 04103

2. Article Number
 (Transfer from service label) **343 B002**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature] Agent Addressee

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

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

PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540

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