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- 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.
- Article Addressed to:

Shaws-Northsate 91 Auburn Street Portland, ME. 04103

375-C-001

2	Article	Number	(Copy	from	service	lahel)

901 830 397 Domestic Return Receipt

Agent ☐ Addressee D. Is delivery address different from item 1? ☐ Yes TI No. If YES, enter delivery address below: Certified Mail ☐ Express Mail Return Receipt for Merchandise □ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly),

C. Signature

3. Service Type

☐ Registered

☐ Insured Mail

PS Form 3811, July 1999

102595-99-M-1789

B. Date of Delivery