

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

Postage	\$ 0.45	0104
Certified Fee	\$2.95	
Return Receipt Fee (Endorsement Required)	\$3.35	Postmark here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ 5.75	08-21-12 A002

7010 1870 0002 8136 6165

Sent To DONALD AGREN
 Street, Apt. No., or PO Box No. 245 AUBURN 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:

DONALD AGREN
245 AUBURN STREET
PORTLAND, ME 04103

379 A002

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 x Linda Agren Agent Addressee

B. Received by (Printed Name) Linda Agren

C. Date of Delivery 8/21/12

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



3. Service Type
 Certified Mail Express Mail
 Registered Return Receipt for Merchandise
 Insured Mail C.O.D.

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number

(Transfer from service label)

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