

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:

Cooper Delmar
25 Autumn Lane
Portland, Maine 04103

379 B031

2. Article Number

(Transfer from service label)

7010 3090 0002 3273 7774

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

x *Jen Cooper* Agent AddresseeB. Received by *(Printed Name)**Jen Cooper*

C. Date of Delivery

*12-16-14*D. Is delivery address different from item 1? YesIf YES, enter delivery address below: No

3. Service Type

 Certified Mail® Priority Mail Express™ Registered Return Receipt for Merchandise Insured Mail Collect on Delivery4. Restricted Delivery? *(Extra Fee)* Yes