

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

7010 3090 0002 3274 0217

PORTLAND ME 04103 sp.		
Postage	\$ 0.46	
Certified Fee	\$ 3.10	
Return Receipt Fee (Endorsement Required)	\$ 2.55	
Restricted Delivery Fee (Endorsement Required)	\$ 0.00	
Total Postage & Fees	\$ 6.11	

Sent to Eleanor Roberts  
 Street, Apt. No., or PO Box No. 15 Christy Road  
 City, State, ZIP+4 Portland, Maine 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:

**Eleanor Roberts**  
**15 Christy Road**  
**Portland, Maine 04103**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

B. Received by (Printed Name) E. K. ROBERTS

C. Date of Delivery APR 18 2013

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) 7010 3090 0002 3274 0217