

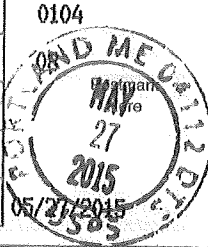
U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

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

PORTLAND ME 04103 **OFFICIAL USE**

7926 8136 0002 1870 0103

Postage	\$ 0.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>379 F011</b> Total Postage & Fees	\$ 6.49



Sent To **ELEANOR MCKENNEY**  
 Street, Apt. No., or PO Box No. **15 CHRISTY RD**  
 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:


**ELEANOR MCKENNEY**  
**15 CHRISTY RD**  
**PORTLAND ME 04103**

**RE: 379 F011**  
**INSP: 15 CHRISTY RD**

2. Article Number

(Transfer from service label)

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  Addressee  
 B. Received by (Printed Name) **ELEANOR MCKENNEY** C. Date of Delivery

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



3. Service/Type **04103**  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

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