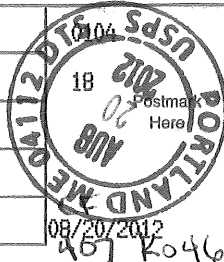


U.S. Postal Service<sup>TM</sup>  
**CERTIFIED MAIL<sup>TM</sup> RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

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

GRAY ME 04039

|   |           |
|---|-----------|
| Postage   | \$ \$0.45 |
| Certified Fee                                     | \$2.95    |
| Return Receipt Fee<br>(Endorsement Required)      | \$2.35    |
| Restricted Delivery Fee<br>(Endorsement Required) | \$0.00    |
| Total Postage & Fees                              | \$ \$5.75 |



Sent To  
**JOSEPH SULLIVAN**  
 Street, Apt. No.;  
 or PO Box No. **10 PINE COVE RD**  
 City, State, ZIP+4<sup>®</sup> **GRAY ME 04039**

PS Form 3800, August 2006 See Reverse for Instructions

7010 1870 0002 8136 6189

**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:

**JOSEPH SULLIVAN**  
**10 PINE COVE ROAD**  
**GRAY, ME 04039**

**407 K046**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*[Handwritten Signature]*

- ☐ Agent  
☐ Addressee

B. Received by (Printed Name)

C. Date of Delivery

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 1870 0002 8136 6189