COMPLETE THIS SECTION ON DELIVERY SENDER: COMPLETE THIS SECTION A. Signature ■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. ☐ Agent X Print your name and address on the reverse ☐ Addressee so that we can return the card to you. B. Received by (Printed Name) C. Date of Delivery Attach this card to the back of the mailpiece, or on the front if space permits. 1. Article Addressed to: If YES, enter delivery address below: NICHOLAS NAPPI 155 PROSPECT STREET NORTH YARMOUTH MAINE 0401 3. Service Type ☐ Certified Mail ☐ Express Mail ☐ Registered ☐ Return Receipt for Merchandise RE: 415 B003 Insured Mail ☐ C.O.D. 4. Restricted Delivery? (Extra Fee) ☐ Yes 2. Article Number 7013 1090 0002 1737 6717 (Transfer from service label) PS Form 3811, February 2004 Domestic Return Receipt 102595-02-M-1540



7013 1090 0002 1737 6717

UNITED STATES POSTAL SERVICE

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RETURN TO SENDER INSUFFICIENT ADDRESS UNASLE TO FORWARD

BC: 04101357190

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