

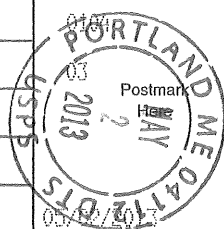
U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

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

0330 4274 2000 0900 0700

OFFICIAL USE  
 PORTLAND ME 04103

Postage	\$	\$0.46
Certified Fee		\$3.10
Return Receipt Fee (Endorsement Required)		\$2.55
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>Total Postage &amp; Fees</b>	<b>\$</b>	<b>\$6.11</b>



Sent To Lucas Theriault  
 Street, Apt. No.;  
 or PO Box No. 125 Sherwood St  
 City, State, ZIP+4 Portland, ME 04103

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

**COMPLETE THIS SECTION ON DELIVERY**

- 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.

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

1. Article Addressed to:

**Lucas Theriault**  
**125 Sherwood St**  
**Portland, ME 04103**

**428 A003001**

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.

2. Article Number  
 (Transfer from service label)

4. Restricted Delivery? (Extra Fee)  Yes

7010 3090 0002 3274 0330