

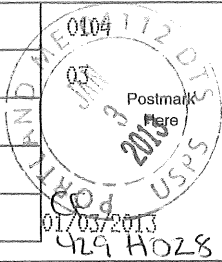
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

PORTLAND ME 04103

OFFICIAL USE

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



7010 3090 0002 3273 9952

Sent To **PAMELA FOGG**
 Street, Apt. No., or PO Box No. **28 WALL STREET**
 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:

PAMELA M FOGG
28 WALL STREET
PORTLAND ME 04103

429 H028

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 X **Pamela Fogg** Addressee

B. Received by (Printed Name) Date of Delivery
Pamela Fogg JUN 5 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 3273 9952