

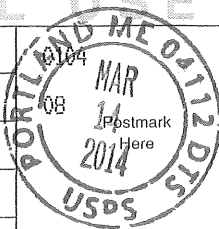
**U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT**
(Domestic Mail Only; No Insurance Coverage Provided)

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

PORTLAND ME 04104

9829 2E2T 2000 060T ETO2

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
431 A003 Total Postage & Fees	\$	\$6.49



03/14/2014

Sent To	TIMOTHY CORCORAN
Street, Apt. No., or PO Box No.	PO BOX 10065
City, State, ZIP+4	PORTLAND ME 04104

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:

**TIMOTHY CORCORAN
PO BOX 10065
PORTLAND ME 04104**

RE: 431 A003

2. Article Number
(Transfer from service label)

7013 1090 0002 1737 6786

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 Time Agent
 Addressee

B. Received by (Printed Name)
Tim Corcoran

C. Date of Delivery

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

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (Extra Fee) Yes