

7003 3110 0002 6064 1961

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

Postage	\$ \$0.41	0104
Certified Fee	\$2.65	08
Return Receipt Fee (Endorsement Required)	\$2.15	Postmark Here
Restricted Delivery Fee (Endorsement Required)	\$0.00	
Total Postage & Fees	\$ \$5.21	06/08/2007 431005

Sent To Rowell Kelly

Street, Apt. No.;
or PO Box No. 43 Watson St

City, State, ZIP+4 Portland, ME 04103

PS Form 3800, June 2002 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:

Rowell Kelly
43 Watson St
Portland, ME 04103

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 K. Rowell Agent Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 6/8/07

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) 7003 3110 0002 6064 1961