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RASPEBURG POST OFFICE
BALTIMORE, Maryland
 212069998
 (800)275-8777 04/12/2002 10:26:25 AM

Product Description	Sales Qty	Receipt Unit Price	Final Price
RESTON VA 20195 First-Class			\$0.34
Return Receipt Certified			\$1.50
Label Serial #: 70011140000252498992			\$2.10
Issue PVI:			\$3.94
Total:			\$3.94
Paid by: Cash			\$5.00
Change Due:			-\$1.06

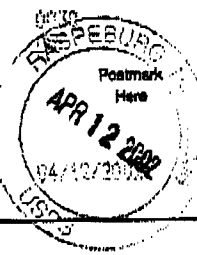
Bill #: 1000201033791
 Clerk: 05

Refunds only per DMH P014
 Thank you for your business
 Customer Copy

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

OFFICIAL USE

2688 6425 2000 04TT 7002

Postage	\$ 90.34	
Certified Fee	\$2.00	
Return Receipt Fee (Endorsement Required)	\$1.50	
Restricted Delivery Fee (Endorsement Required)	\$0.10	
Total Postage & Fees	\$ 93.94	
Sent To: <i>Paul Jensen</i>		
Street, Apt. No., or PO Box No.: <i>PO Box 9171</i>		
City, State, ZIP+4: <i>Va 20195</i>		
PS Form 3800, January 2001 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:
Paul Jensen
PO Box 9171
Va. 20195

COMPLETE THIS SECTION ON DELIVERY

A. Received by (Please Print Clearly) *PAUL JENSEN* B. Date of Delivery *4/19/02*

C. Signature: *[Signature]* Agent Addressee

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

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 (Copy) **7001 1140 0002 5249 8992**