Name and Address of Sender

Check type of mail or service:

- ☐ Certified
- ☐ COD
- ☐ Delivery Confirmation
- ☐ Express Mail
- ☐ Insured
- ☐ Recorded Delivery (International)
- ☐ Registered
- ☐ Return Receipt for Merchandise
- ☐ Signature Confirmation

Affix Stamp Here
(If issued as a certificate of mailing, or for additional copies of this bill)
Postmark and Date of Receipt

Article Number	Addressee *(Name, Street, City, State, & ZIP Code)*	Postage	Fee	Handling Charge	Actual Value if Registered	Insured Value	Due Sender if COD	DC Fee	SC Fee	SH Fee	RD Fee	RR Fee
1.	CURRENT RESIDENT 658 ELLINGTON ROAD SOUTH WINDSOR, CT 06074											
2.	CUBESMART LP PO BOX 320099 ALEXANDRIA, VA 22320											
3.												
4.	CURRENT RESIDENT 3801 RIVER CROSSING SUITE 300 INDIANAPOLIS, IN 46240											
5.												
6.												
7.												
8.												

SOUTH WINDSOR CT 06074
JUL 08 2020

U.S. POSTAGE PAID
SOUTH WINDSOR, CT
06074
JUL 08, 20
AMOUNT
$1.29
R2304N118088-12

UNITED STATES POSTAL SERVICE®
0000

Delivery Confirmation
Signature Confirmation
Special Handling
Restricted Delivery
Return Receipt

Total Number of Pieces Listed by Sender	Total Number of Pieces Received at Post Office	Postmaster, Per *(Name of receiving employee)*

See Privacy Act Statement on Reverse

PS Form **3877**, February 2002 *(Page 1 of 2)*

Complete by Typewriter, Ink, or Ball Point Pen