

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)

**OFFICIAL USE**

PORTLAND ME 04112

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>003 G007</b> Total Postage & Fees	\$	\$6.49



04/28/2015

Sent To Owen Maccausland  
 Street, Apt. No., or PO Box No. PO BOX 18213  
 City, State, ZIP+4 Portland ME 04112

PS Form 3800, August 2006 See Reverse for Instructions

7010 1870 0002 8136 7643

**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:

**OWEN MACCAUSLAND  
 PO BOX 18213  
 PORTLAND ME 04112**

**RE: 003 G007  
 INSP: 90 VESPER ST**

2. Article Number

*(Transfer from service label)*

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X Owen Maccausland

- Agent  
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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

3. Service Type

- Certified Mail<sup>®</sup>  Priority Mail Express<sup>™</sup>  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes



7010 1870 0002 8136 7643