

**SENDER: COMPLETE THIS SECTION**

- Complete items 1, 2, and 3.
- 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:

Philippe J. K...  
424 Fox St.  
Portland, ME



9590 9402 2591 6336 1932 55

2. Article Number (Transfer from service label)

7017 2680 0000 5498 1488

PS Form 3811, July 2015 PSN 7530-02-000-9053

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

X

Agent

Addressee

B. Received by (Printed Name)

Sender

C. Date of Delivery

2-9-18

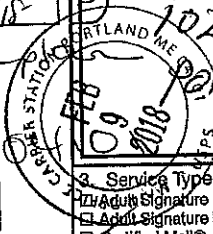
D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No

102 EXCHANGE ST  
PORTLAND, ME 04101

3. Service Type

- Registered Mail™
- Registered Mail Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Registered Mail Restricted Delivery (\$500)

- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery



Domestic Return Receipt

CBSL # 012 - 1013001

**USPS TRACKING#**



9590 9402 2591 6336 1932 55



First-Class Mail  
Postage & Fees Paid  
USPS  
Permit No. G-10

**United States  
Postal Service**

• Sender: Please print your name, address, and ZIP+4® in this box•

City of Portland  
Permitting and Inspections Department  
389 Congress Street  
Portland, Maine 04101

012 - 1013001