

013-0017001

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete



or on the front if space permits.

1. Article Addressed to:

Gerald J. Laplante
32-34 Devonshire St
Portland, ME 04103

2. Article Number

(Transfer from service label)

7014 1820 0001 4047 0478

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

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®

Priority Mail Express™

Registered

Return Receipt for Merchandise

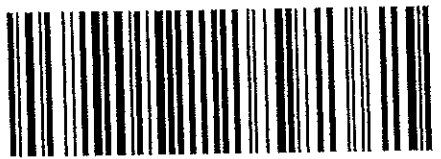
Insured Mail

Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes

CERTIFIED MAIL®



7014 1820 0001 4047 0478

Portland, Maine

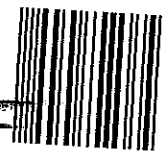


Yes. Life's good here.

Housing Safety Office

389 Congress Street
Portland, ME 04101

6/19
6/26
7/6



1000

04103

U.S. POSTAGE
PAID
PORTLAND, ME
04101
JUN 13, 17
AMOUNT

\$6.59

LAPLANTE GERALD J
32-34 DEVONSHIRE ST
PORTLAND, ME 04103

NIXIE

015 DC 1

0007/20/17

RETURN TO SENDER
UNCLAIMED
UNABLE TO FORWARD

9400921669198420

UNC
0410384431
0410173300

BC: 04101355599 *2359-19635-13-45

