

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:

Mark A. White
45 North Street
Portland, ME 04101



9590 9402 3028 7124 4568 48

2. Article Number (Transfer from service label)

7015 3010 0000 0201 1119

COMPLETE THIS SECTION ON DELIVERY

A. Signature

[Handwritten Signature]

- Agent
- Addressee

B. Received by (Printed Name)

MARK WHITE

C. Date of Delivery

9/20/17

D. Is delivery address different from item 1?

Yes

If YES, enter delivery address below:

No



3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Priority Mail Express®
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery

04101

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

Domestic Return Receipt

CBC #014-A009001

USPS TRACKING#



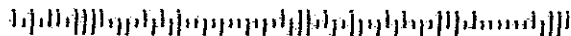
9590 9402 3028 7124 4568 48

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

014-A009001



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