

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:

Ashby Team LLC
 415 Congress St., Ste 205
 Portland, ME 04101



9590 9402 2591 6336 1932 24

2. Article Number (Transfer from service label)

7017 2680 0000 5498 1341

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

COMPLETE THIS SECTION ON DELIVERY

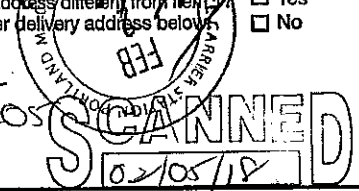
A. Signature

X *[Handwritten Signature]* Agent
 Addressee

B. Received by (Printed Name) C. Date of Delivery

[Handwritten Name] *[Handwritten Date]*

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



3. Service Type

- | | |
|--|---|
| <input type="checkbox"/> Adult Signature | <input type="checkbox"/> Priority Mail Express® |
| <input type="checkbox"/> Adult Signature Restricted Delivery | <input type="checkbox"/> Registered Mail™ |
| <input type="checkbox"/> Certified Mail® | <input type="checkbox"/> Registered Mail Restricted Delivery |
| <input checked="" type="checkbox"/> Certified Mail Restricted Delivery | <input type="checkbox"/> Return Receipt for Merchandise |
| <input type="checkbox"/> Collect on Delivery | <input type="checkbox"/> Signature Confirmation™ |
| <input type="checkbox"/> Collect on Delivery Restricted Delivery | <input type="checkbox"/> Signature Confirmation Restricted Delivery |
| <input type="checkbox"/> Insured Mail | |
| <input type="checkbox"/> Registered Mail Restricted Delivery (\$500) | |

Domestic Return Receipt

USPS TRACKING#



9590 9402 2591 6336 1932 24



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

014- F006001