

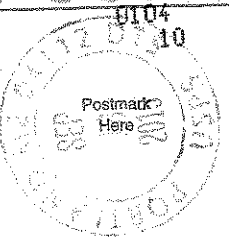
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
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7010 1870 0002 8136 9203

PORTLAND, ME 04101 **OFFICIAL USE**

Postage	\$2.80
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
ON E004 Total Postage & Fees	\$



Sent To **KATHERINE PALMER**
 Street, Apt. No., or PO Box No. **70 WATERVILLE ST**
 City, State, ZIP+4 **PORTLAND, ME 04101**

PS Form 3800, August 2006 See Reverse for Instructions

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.



KATHERINE PALMER
70 WATERVILLE ST
PORTLAND ME 04101

RE: 017 E004
INSP: 70 WATERVILLE ST

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature *Gymn Small* Agent Addressee
 B. Received by (Printed Name) C. Date of Delivery

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

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

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