
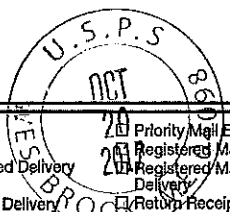

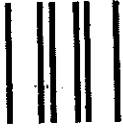


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <i>[Handwritten Signature]</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery _____</p>
<p>1. Article Addressed to:</p> <p><i>Dajir Hakizimana</i> <i>33 Anderson Ave</i> <i>Westbrook, ME 04092</i></p>  <p>9590 9402 3028 7124 4620 47</p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> 
<p>2. Article Number (Transfer from service label)</p> <p>7014 1820 0001 4047 1840</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Registered Mail™ <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Registered Mail Restricted Delivery <input 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"/> Mail Restricted Delivery (00)</p>
<p>PS Form 3811, July 2015 PSN 7630-02-000-9053 Domestic Return Receipt</p>	

CBL# 022-1004002

<p>USPS TRACKING#</p>  <p>9590 9402 3028 7124 4620 47</p>	 <div style="border: 1px solid black; padding: 5px; width: fit-content;"> <p>First-Class Mail Postage & Fees Paid USPS Permit No. G-10</p> </div>
<p>United States Postal Service</p>	<p>• Sender: Please print your name, address, and ZIP+4® in this box•</p> <p>City of Portland Permitting and Inspections Department 389 Congress Street Portland, Maine 04101</p> <p style="text-align: right;"><i>022-1004002</i></p> 