

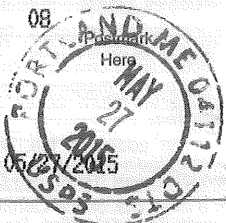
U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

PORTLAND ME 04101

7889 8136 0002 1870 0000 0000 0000 0000 0000 0000

Postage	\$ 00.49	0104
Certified Fee	\$3.30	08
Return Receipt Fee (Endorsement Required)	\$2.70	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
<i>022 L013</i> Total Postage & Fees	\$ 06.49	



Sent To *Daniel Roach*  
Street, Apt. No.;  
or PO Box No. *14 ANDERSON ST*  
City, State, ZIP+4 *Portland ME 04101*

PS Form 3800, August 2006 See Reverse for Instructions

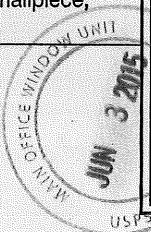
**SENDER: COMPLETE THIS SECTION**

- 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.
- Attach this card to the back of the mailpiece, or on the front if space permits.

1. Article Addressed to:  
**DANIEL ROACH**  
**14 ANDERSON ST**  
**PORTLAND ME 04101**  
  
**RE: 022 L013**  
**INSP: 14 ANDERSON ST**

**COMPLETE THIS SECTION ON DELIVERY**

- A. Signature *[Signature]*  Agent  Addressee  
**X**
- B. Received by (Printed Name) *Daniel Roach* C. Date of Delivery
- D. Is delivery address different from item 1?  Yes  
If YES, enter delivery address below:  No  
*14 Anderson St.*  
*Portland, ME 04101*
3. Service Type  
 Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery
4. Restricted Delivery? (Extra Fee)  Yes



2. Article Number (Transfer from service label) **7010 1870 0002 8136 7889**