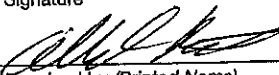




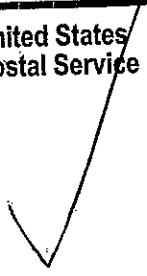


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>■ Complete items 1, 2, and 3.</li> <li>■ Print your name and address on the reverse so that we can return the card to you.</li> <li>■ Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p>A. Signature <span style="float: right;"><input type="checkbox"/> Agent <input type="checkbox"/> Addressee</span></p> <p>X  <span style="float: right;">C. Date of Delivery</span></p> <p>B. Received by (Printed Name)</p>
<p>1. Article Addressed to:</p> <p>Albert Brette 3 Mechanic St Windham, ME 04092</p>  <p>9590 9402 3028 7124 4572 89</p>	<p>D. Is delivery address different from item? If YES, enter delivery address below. <span style="float: right;"><input type="checkbox"/> No</span></p> <div style="text-align: center;">  </div> <p>3. Service Type <span style="float: right;"><input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery</span></p> <p><input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail <input type="checkbox"/> Mail Restricted Delivery (500)</p>
<p>2. Article Number (Transfer from service label)</p> <p>7014 1820 0001 4047 1055</p>	<p>Domestic Return Receipt</p>

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

CBL# 026-3002001

USPS TRACKING#		<div style="border: 1px solid black; padding: 5px;"> <p>First-Class Mail Postage &amp; Fees Paid USPS Permit No. G-10</p> </div>
		
<p>9590 9402 3028 7124 4572 89</p>		
<p>United States Postal Service</p> 	<div style="border: 1px solid black; padding: 10px;"> <p>• Sender: Please print your name, address, and ZIP+4® in this box*</p> <p style="text-align: center;">City of Portland Permitting and Inspections Department 389 Congress Street Portland, Maine 04101</p> <p style="text-align: right;">026-3002001</p> </div>	