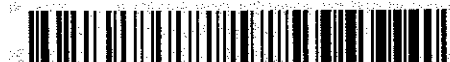


SENDER: COMPLETE THIS SECTION

■ Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired



or on the front if space permits.

1. Article Addressed to:

I-95 Portland Post Office LLC
111 Commercial St.
Portland, ME 04101

2. Article Number
(Transfer from service label)

7015 3010 0000 0201 0792

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

[Handwritten Signature]

Agent

Addressee

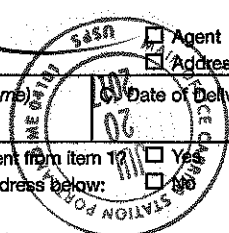
B. Received by (Printed Name)

Date of Delivery

D. Is delivery address different from item 1?
If YES, enter delivery address below:

Yes

No



3. Service Type

Certified Mail®

Priority Mail Express™

Registered

Return Receipt for Merchandise

Insured Mail

Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes