

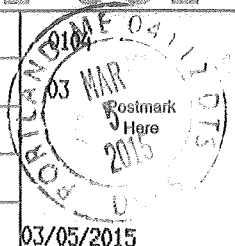
U.S. Postal Service™  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

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

PORTLAND ME 04101 **OFFICIAL USE**

7010 1870 0002 8136 6875

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
<i>029 0003</i> Total Postage & Fees	\$	\$6.49



Sent To **PORTLAND REGENCY INC**  
 Street, Apt. No., or PO Box No. **20 MILK 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:

**PORTLAND REGENCY INC**  
**20 MILK ST**  
**PORTLAND ME 04101**

**RE: 029 0003**  
**INSP**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 *Dylan Marsh*  Addressee

B. Received by (Printed Name) **Dylan Marsh** C. Date of Delivery **3-7-15**

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

2. Article Number (Transfer from service label) **7010 1870 0002 8136 6875**