

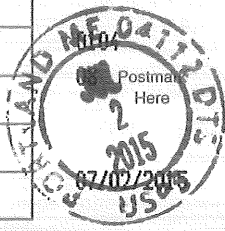
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

SOUTH PORTLAND, ME 04106

7010 1870 0002 8136 8473

Postage	\$	\$3.45
Certified Fee		\$2.80
Return Receipt Fee (Endorsement Required)		\$0.00
Restricted Delivery Fee (Endorsement Required)		N/A
033 J002 Total Postage & Fees	\$	\$6.74



Sent To **JOHN NELSON**
 Street, Apt. No., or PO Box No. **52 THOMPSON ST**
 City, State, ZIP+4 **SOUTH PORTLAND 04106**

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.



1. Article Addressed to:

JOHN NELSON
52 THOMPSON ST
SOUTH PORTLAND ME 04106

RE: 033 J002
INSP: 23 HANOVER ST

2. Article Number
(Transfer from service label)

7010 1870 0002 8136 8473

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **John Nelson**

C. Date of Delivery **7/2/15**

D. Is delivery address different from item 1? Yes
 No
 If YES, enter delivery address below:

3. Service Type

Certified Mail® Priority Mail Express™

Registered Return Receipt for Merchandise

Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

