

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:

Mathew's Apts. Inc
 10 Grant St.
 Portland, ME 04101



9590 9402 3028 7124 4327 74

2. Article Number (Transfer from service label)

7015 3010 0000 0201 1133

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X *Math Melad* Agent
 Addressee

B. Received by (Printed Name)

Mathew Melad 9/1/17

C. Date of Delivery

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

3. Service Type

- Adult Signature
- Adult Signature Restricted Delivery
- Certified Mail®
- Certified Mail Restricted Delivery
- Collect on Delivery
- Collect on Delivery Restricted Delivery
- Insured Mail
- Registered Mail™
- Registered Mail Restricted Delivery
- Return Receipt for Merchandise
- Signature Confirmation™
- Signature Confirmation Restricted Delivery
- Priority Mail Express®

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

Domestic Return Receipt

CBL # 036 - E008001

USPS TRACKING #



9590 9402 3028 7124 4327 74



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

City of Portland
 Permitting and Inspections Department
 389 Congress Street
 Portland, Maine 04101

036 - E008001

