

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>		A. Signature X <i>[Signature]</i>	
1. Article Addressed to: MA F U C PO. Box 15430 Portland, ME 04112		B. Received by (Printed Name) John Kelly C. Date of Delivery 	
2. Article Number (Transfer from service label) 7017 2680 0000 5498 1334		D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input checked="" type="checkbox"/> No	
3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery		<input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery	

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

USPS TRACKING #		First-Class Mail™ Postage & Fees Paid USPS Permit No. G-10	
9590 9402 2591 6336 1936 20			
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-F011001	