

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

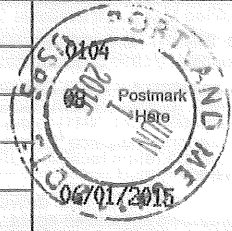
For delivery information visit our website at www.usps.com

PORTLAND ME 04101

OFFICIAL USE

7971 7971 8136 8136 0002 0002 1870 1870

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



Sent To **GEORGEY RICE**
 Street, Apt. No., or PO Box No. **658 CONGRESS ST**
 City, State, ZIP+4 **PORTLAND ME 04101**

PS Form 3800, August 2005

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:

GEOFFREY RICE
658 CONGRESS ST 1ST FLOOR
PORTLAND ME 04101

RE: 045 C002
INSP: 180 STATE ST

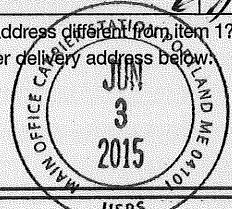
2. Article Number
 (Transfer from service label)

7010 1870 0002 8136 7971

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *[Signature]*
 B. Received by (Printed Name) *[Signature]* C. Date of Delivery *[Signature]*

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



3. Service Type **USPS**
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

PS Form 3811, July 2013

Domestic Return Receipt