

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

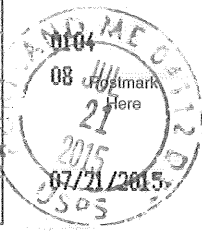
For delivery information visit our website at www.usps.com®

SACD ME 04072

OFFICIAL USE

9598 9598 2000 0701 1870 0102

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 **MUNJOY FAMILY APT LLC**
 Street, Apt. No.; or PO Box No. **103 LOUDEN RD**
 City, State, ZIP+4 **SACO ME 04072**

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.



1. Article Addressed to:

MUNJOY FAMILY APT LLC
103 LOUDEN ROAD
SACO ME 04072

RE: 048 A014
INSP: 143 GRANT ST

2. Article Number
 (Transfer from service label)

7010 1870 0002 8136 8596

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Printed Name) **Peggy Ann Harris** C. Date of Delivery **7/23/15**

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