

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

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

OFFICIAL USE

PORTLAND, ME 04104

Postage	\$2.80
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
048 C002 Total Postage & Fees	\$6.74
INSP	

Postmark Here: 0104 09
 08/31/2015

Sent to: DONALD BLAISDELL
 Street, Apt. No., or PO Box No. PO BOX 1411
 City, State, ZIP+4 PORTLAND ME 04104

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> Complete items 1, 2, and 3. Also complete it. Postage paid by sender. Attach this card to the back of the envelope or on the front if space permits. 	<p>A. Signature X <i>Donald Blaisdell</i> <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) <i>Donald Blaisdell</i> C. Date of Delivery</p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If YES enter delivery address below:</p>
<p>1. Article Addressed to:</p> <p>DONALD B BLAISDELL PO BCX 1411 PORTLAND ME 04104</p> <p>RE: 048 C002 INSP: 140 GRANT ST</p>	<p>Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number (Transfer from service label)</p>	<p>7010 1870 0002 8136 9050</p>
<p>PS Form 3811, July 2013</p>	<p>Domestic Return Receipt</p>