

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

For delivery information visit our website at [www.usps.com](http://www.usps.com)®

PORTLAND ME 04104

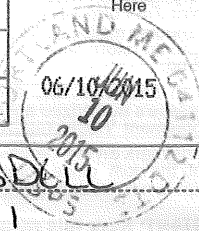
**OFFICIAL USE**

7010 1870 0002 8136 8046

Postage	\$ 3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
<i>048 C002</i> Total Postage & Fees	\$0.49
<i>INSP</i>	\$6.74

0104

08 Postmark Here



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 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:

**DONALD BLAISDELL  
 PO BOX 1411  
 PORTLAND ME 04104**

**RE: 048 C002  
 INSP: 140 GRANT ST**

2. Article Number

(Transfer from service label)

7010 1870 0002 8136 8046

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

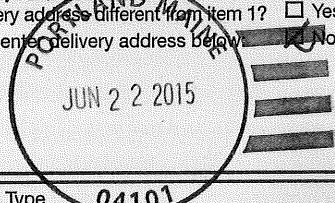
*X Donald Blaisdell*  Agent  Addressee

B. Received by (Printed Name)

*Donald Blaisdell*

C. Date of Delivery

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



3. Service Type

*04101*

- 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