

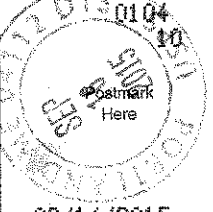
**U.S. Postal Service**  
**CERTIFIED MAIL™ RECEIPT**  
*(Domestic Mail Only; No Insurance Coverage Provided)*

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

PORTLAND, ME 04101

7010 1870 0002 8136 9159

Postage	\$3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
Total Postage & Fees	\$6.25
INSP	\$6.74



09/16/2015

Sent To: **GEOFFREY RICE**  
 Street, Apt. No., or PO Box No.: **657 CONGRESS ST**  
 City, State, ZIP+4: **PORTLAND ME 04101**

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

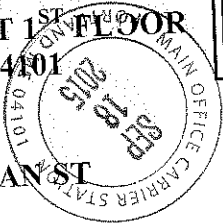
Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Put return name and address on the reverse.



1. Article Addressed to:

**GEOFFREY RICE**  
**657 CONGRESS ST 1ST FLOOR**  
**PORTLAND ME 04101**

**RE: 048 F010**  
**INSP: 52 SHERMAN ST**



**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  Agent  
 Addressee

B. Received by (Printed Name) C. Date of Delivery

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

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

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number  
 (Transfer from service label)

7010 1870 0002 8136 9159

PS Form 3811, July 2013

Domestic Return Receipt