

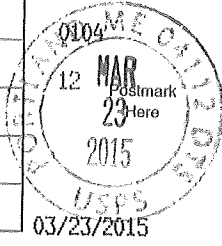
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

PORTLAND ME 04101

OFFICIAL USE

Postage	\$ 0.49
Certified Fee	\$ 3.30
Return Receipt Fee (Endorsement Required)	\$ 2.70
Restricted Delivery Fee (Endorsement Required)	\$ 0.00
OS3 C013 Total Postage & Fees INSP	\$ 6.49



0629 6909 2000 0002 6063 6790
 7003 3110 0002 6063 6790

Sent To **B. BARRON & Frank J. TERAS**
 Street, Apt. No.; or PO Box No. **40 DEERING AVE**
 City, State, ZIP+4 **PORTLAND, ME 04101**

PS Form 3800, June 2002 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.

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee
Cindy Hamel

B. Received by (Printed Name) Agent
Cindy Hamel

C. Date of Delivery Agent
4-1-15

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

1. Article Addressed to
**BARBARA BARRON &
 FRANK JOSEPH TERAS
 40 DEERING AVENUE
 PORTLAND ME 04101**

RE: **OS3 C013
 INSP**

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) **7003 3110 0002 6063 6790**