

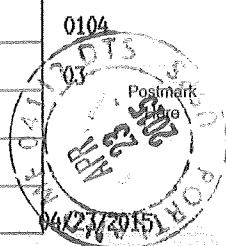
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

SACO ME 04072 **OFFICIAL USE**

7520 8136 0002 0870 1870

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



Sent To **GRANTWEY APT. LTD**
 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.
- 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:

GRANTWEY APARTMENTS LTD
103 LOUDEN RD
SACO ME 04072

RE: 053 1010
INSP

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
 X *Jilliane Hallis*

B. Received by (Printed Name) C. Date of Delivery
 5/4

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 7520**