

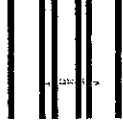


SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> ■ Complete items 1, 2, and 3. ■ Print your name and address on the reverse so that we can return the card to you. ■ Attach this card to the back of the mailpiece, or on the front if space permits. 	<p>A. Signature <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee <i>Marcia J. Cleveland</i></p> <p>B. Received by (Printed Name) <input type="checkbox"/> Agent <input checked="" type="checkbox"/> Addressee MARCIA J. CLEVELAND</p> <p>C. Date of Delivery 7-24-18</p>
<p>1. Article Addressed to:</p> <p>Cleveland, Marcia Jean 6 Hutton St. Portland, ME 04102</p>  <p>9590 9402 3715 7335 1873 32</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>SCANNED PORTLAND MAINE JUL 24 2018</p> <p>3. Service Type</p> <ul style="list-style-type: none"> <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collection Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Insured Mail <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery
<p>2. Article Number (Transfer from service label)</p> <p>7015 0920 0001 0776 6539</p>	<p><input type="checkbox"/> Mail Restricted Delivery (00)</p>

PS Form 3811, July 2015 PSN 7530-02-000-9053

Domestic Return Receipt

<p>USPS TRACKING#</p>  <p>9590 9402 3715 7335 1873 32</p>	 <div data-bbox="1039 1207 1266 1323" style="border: 1px solid black; padding: 5px;"> <p>First-Class Mail Postage & Fees Paid USPS Permit No. G-10</p> </div>
<p>United States Postal Service</p>	<p>• Sender: Please print your name, address, and ZIP+4® in this box•</p> <p>City of Portland Permitting and Inspections Department 389 Congress Street Portland, Maine 04101</p> <p style="text-align: right;">055-8032001</p>

