

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:

**ELIZABETH DABROSKY-
CLOWES
5 SALEM STREET
PORTLAND MAINE 04102**

RE: 057 K019

2. Article Number
(Transfer from service label)

7013 1090 0002 1737 6724

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

- 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
- Express Mail
- Registered
- Return Receipt for Merchandise
- Insured Mail
- C.O.D.

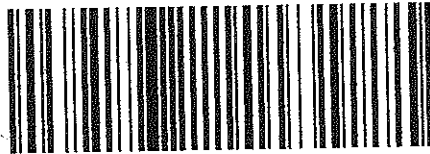
4. Restricted Delivery? (*Extra Fee*) Yes

CERTIFIED MAIL™

*Strengthening a Remarkable City,
Building a Community for Life*

**PORTLAND
MAINE**

Inspection Services Division
389 Congress Street, RM 315
Portland, Maine 04101-3509



7013 1090 0002 1737 6724



1000



04102

U.S. POSTAGE
PAID
PORTLAND, ME
04101
FEB 11, 14
AMOUNT

\$6.49

00030274-03

Handwritten signature

February 10, 2014

CLOWES ELIZABETH DABROSKY HEI
5 SALEM ST
PORTLAND, ME 04102

NIXIE 019 FE 1009 0002/14/14

RETURN TO SENDER
NOT DELIVERABLE AS ADDRESSED
UNABLE TO FORWARD

BC: 04101357190 *3084-09593-11-42

0410239319 01545

