




SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	<p><i>Handwritten Signature</i></p> <p><input checked="" type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Agent</p> <p><input type="checkbox"/> Addressee</p> <p><b>Chester Hayer</b></p> <p>Delivered by <i>Erica</i></p> <p>C. Date of Delivery</p>
<p>1. Article Addressed to:</p> <p><i>Bank of New York Mellon</i>  <i>8950 Cypress Water Blvd</i>  <i>Coppell, TX 75099</i></p>	<p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes          If YES, enter delivery address below: <input type="checkbox"/> No</p>
 <p>9590 9402 3028 7124 4402 43</p>	<p>3. Service Type</p> <p><input type="checkbox"/> Adult Signature</p> <p><input type="checkbox"/> Adult Signature Restricted Delivery</p> <p><input type="checkbox"/> Certified Mail®</p> <p><input type="checkbox"/> Certified Mail Restricted Delivery</p> <p><input type="checkbox"/> Collect on Delivery</p> <p><input type="checkbox"/> Collect on Delivery Restricted Delivery</p> <p><input type="checkbox"/> Insured Mail</p> <p><input type="checkbox"/> Insured Mail Restricted Delivery (over \$500)</p> <p><input type="checkbox"/> Priority Mail Express®</p> <p><input type="checkbox"/> Registered Mail™</p> <p><input type="checkbox"/> Registered Mail Restricted Delivery</p> <p><input type="checkbox"/> Return Receipt for Merchandise</p> <p><input type="checkbox"/> Signature Confirmation™</p> <p><input type="checkbox"/> Signature Confirmation Restricted Delivery</p>
<p>2. Article Number (Transfer from service label)</p> <p>7014 1820 0001 4047 1109</p>	<p>PS Form 3811, July 2015 PSN 7530-02-000-9053</p> <p>Domes<sup>t</sup> Return Receipt</p>

*CBL # 065-3005001*

<p>USPS TRACKING #</p>  <p>9590 9402 3028 7124 4402 43</p>		<p>First-Class Mail          Postage &amp; Fees Paid          USPS          Permit No. G-10</p>
<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><i>065-3005001</i></p>	

