

SENDER: COMPLETE THIS SECTION

- 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.

1. Article Addressed to:

I-IV-V LLC
 Lives in Room 111
 P.O. Box 10025
 Portland, ME 04104



9590 9402 3715 7335 1873 01

2. Article Number (Transfer from service label)

7017 2680 0000 5498 1501

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

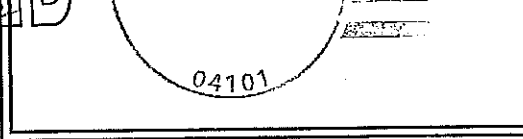
COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent
 Addressee

B. Received by (Print Name)
 JONATHAN BELL

C. Date of Delivery
 FEB 22 2018

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



3. Service Type
- Adult Signature
 - Adult Signature Restricted Delivery
 - Certified Mail®
 - Certified Mail Restricted Delivery
 - Collect on Delivery
 - Collect on Delivery Restricted Delivery
 - Insured Mail
 - Insured Mail Restricted Delivery (over \$500)
 - Priority Mail Express®
 - Registered Mail™
 - Registered Mail Restricted Delivery
 - Return Receipt for Merchandise
 - Signature Confirmation™
 - Signature Confirmation Restricted Delivery

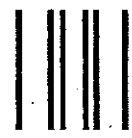
Domestic Return Receipt

CBL # 066A - 6007001

USPS TRACKING #



9590 9402 3715 7335 1873 01



First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

United States Postal Service

• Sender: Please print your name, address, and ZIP+4® in this box•

City of Portland
 Permitting and Inspections Department
 389 Congress Street
 Portland, Maine 04101

052 - 3024001
 4212 - K 006001
 066A - 6007001 ✓
 053 - C007001