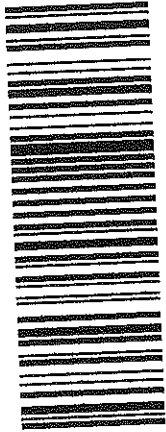


Strengthening a Remarkable City  
Building a Community for Life

# PORTLAND MAINE

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

**CERTIFIED MAIL**



7013 1090 0002 1737 6458



1000



04102

U.S. POSTAGE  
PAID  
PORTLAND, ME  
04101  
NOV 18, 2013  
AMOUNT

**\$6.11**  
00030643-18

November 18, 2013

ANDREWS FRED L  
81 ST JOHN ST  
PORTLAND, ME 04102

**NOV 19 11 19 AM '13**

*12355 / But  
11/19/13  
11/26  
12/5*

0410283042 0041

0001 0002 0003 0004 0005 0006 0007 0008 0009 0010 0011 0012 0013 0014 0015 0016 0017 0018 0019 0020 0021 0022 0023 0024 0025 0026 0027 0028 0029 0030 0031 0032 0033 0034 0035 0036 0037 0038 0039 0040 0041 0042 0043 0044 0045 0046 0047 0048 0049 0050 0051 0052 0053 0054 0055 0056 0057 0058 0059 0060 0061 0062 0063 0064 0065 0066 0067 0068 0069 0070 0071 0072 0073 0074 0075 0076 0077 0078 0079 0080 0081 0082 0083 0084 0085 0086 0087 0088 0089 0090 0091 0092 0093 0094 0095 0096 0097 0098 0099 0100

PLEASE STICK THIS LABEL TO THE RIGHT SIDE OF THE MAIL

**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:

**FRED ANDREWS  
181 ST JOHN STREET  
PORTLAND ME 04102**

**RE: 068 B002**

2. Article Number

(Transfer from service label)

PS Form 3811, February 2004

7013 1090 0002 1737 6458

Domestic Return Receipt

102595-02-M-1540

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  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