

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

X *[Signature]*

- Agent
- Addressee

B. Received by (Printed Name)

JONATHAN BEEL

C. Date of Delivery

FEB 22 2018

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

04101

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 # 082 - 8024001

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

082 - 8024001 ✓
428 - 8006001 ✓
066A - 6007001
053 - 6007001