

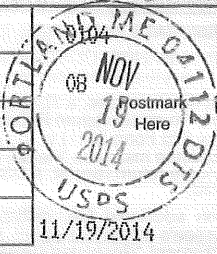
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

For delivery information visit our website at www.usps.com®

PORTLAND ME 04101 **OFFICIAL USE**

7010 0780 0001 1493 0120

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
112 A007 Total Postage & Fees	\$	\$6.49



Sent To **ROSE SUPERIA**
 Street, Apt. No., or PO Box No. **3 Deerfield Rd**
 City, State, ZIP+4 **Portland ME 04101**

PS Form 3800, August 2006 See Reverse for Instructions

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:

ROSE SUPERIA
3 DEERFIELD RD
PORTLAND ME 04101

RE: 112 A007
INSP

2. Article Number
(Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Carmen Rivera

B. Received by *(Printed Name)* **Carmen Rivera** C. Date of Delivery **12/1/17**

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:
4250 Village Dr
Kiss. FL 34744

3. Service Type
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

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

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