

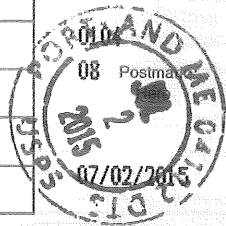
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

CAPE ELIZABETH ME 04107

7010 1870 0002 8136 8503

Postage	\$ 3.45
Certified Fee	\$2.80
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	N/A
123 L004 Total Postage & Fees	\$0.49
INSP	\$6.74



Sent To
 WOODFORD STREET
 Street, Apt. No.,
 or PO Box No. 51 BELFIELD RD
 City, State, ZIP+4 CAPE ELIZABETH ME 04107

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



1. Article Addressed to:

**WOODFORD STREET
 51 BELFIELD RD
 CAPE ELIZABETH ME 04107**

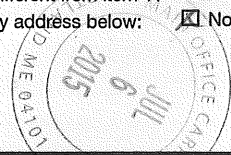
**RE: 123 L004
 INSP: 259 WOODFORD ST**

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) *Randall* C. Date of Delivery 7-6-15

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



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

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number
 (Transfer from service label)

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