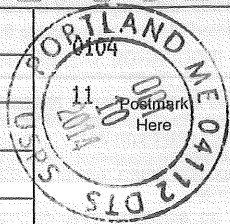


**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

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PORTLAND ME 04103

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
<b>125 E001</b> Total Postage & Fees	\$	\$6.49



10/10/2014

7010 3090 0002 3273 7651

Sent To **SANCHEZ DANILO**  
 Street, Apt. No.; or PO Box No. **47 LINCOLN ST**  
 City, State, ZIP+4 **PORTLAND ME 04103**

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:  
**SANCHEZ DANILLO E**  
**47 LINCOLN ST**  
**PORTLAND ME 04103**

**RE: 125 E001**  
**INSP**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Daniilo E. Sanchez*  Agent  Addressee

B. Received by (Printed Name) \_\_\_\_\_ C. Date of Delivery **10/24/14**

D. Is delivery address different from item 1?  Yes  No  
 If YES, enter delivery address below:  
*18 Woodman Way # 19*  
*Newburyport MA 01950*

3. Service Type  
 Certified Mail  Express Mail  
 Registered  Return Receipt for Merchandise  
 Insured Mail  C.O.D.

4. Restricted Delivery? (Extra Fee)  Yes

2. Article Number (Transfer from service label) **7010 3090 0002 3273 7651**