

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

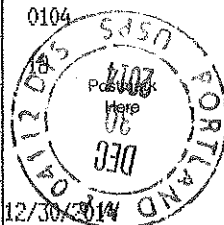
For delivery information visit our website at www.usps.com

PORTLAND ME 04103

OFFICIAL USE

7010 3090 0002 3273 7798

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
131 G006 Total Postage & Fees INSP	\$	\$6.49



Sent To SUSAN COFFIN
 Street, Apt. No.,
 or PO Box No. 174 GLENWOOD AVE
 City, State, ZIP+4 PORTLAND, ME 04103

PS Form 3800, August 2005 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:

SUSAN COFFIN
174 GLENWOOD AVE
PORTLAND ME 04103

RE: 131 G006
INSP

2. Article Number

(Transfer from service label)

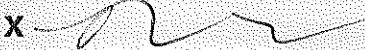
7010 3090 0002 3273 7798

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

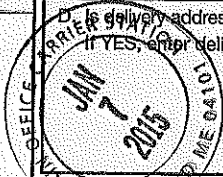
A. Signature

X  Agent
 Addressee

B. Received by (Printed Name)

C. Date of Delivery

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



3. Service Type

- Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee)

Yes