




SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> <li>Attach this card to the back of the mailpiece, or on the front if space permits.</li> </ul>	A. Signature <input checked="" type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: Michael L. Johnson 2707 Bay Blvd Indian Rocks Beach, FL 33785	B. Received by (Printed Name) _____ Date of Delivery 8/29/11
2. Article Number (Transfer from service label) 7014 1820 0001 4047 0645	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
 9590 9402 3028 7124 4329 41	3. Service Type <input type="checkbox"/> Adult Signature <input type="checkbox"/> Adult Signature Restricted Delivery <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Certified Mail Restricted Delivery <input type="checkbox"/> Collect on Delivery <input type="checkbox"/> Collect on Delivery Restricted Delivery <input type="checkbox"/> Mail Restricted Delivery (DD) <input type="checkbox"/> Priority Mail Express® <input type="checkbox"/> Registered Mail™ <input type="checkbox"/> Registered Mail Restricted Delivery <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Signature Confirmation™ <input type="checkbox"/> Signature Confirmation Restricted Delivery

PS Form 3811, July 2015 PSN 7530-02-000-9053 Domestic Return Receipt

CBL # 131-4015

<p align="center"><b>USPS TRACKING#</b></p>  9590 9402 3028 7124 4329 41	 <div style="border: 1px solid black; padding: 5px; width: fit-content; margin: 10px auto;">             First-Class Mail              Postage &amp; Fees Paid              USPS              Permit No. G-10           </div>
<p><b>United States Postal Service</b></p>	<p align="center">* Sender: Please print your name, address, and ZIP+4® in this box*</p> <p align="center">             City of Portland              Permitting and Inspections Department              389 Congress Street              Portland, Maine 04101           </p> <p align="right">131-4015</p>
