

7010 1870 0002 8136 7414

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

For delivery information visit our website at [www.usps.com](http://www.usps.com).

**PORTLAND, ME 04103**

Postage	\$3.30
Certified Fee	\$2.70
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>133 D011</b> Total Postage & Fees	\$6.47


0104 18  
 Postmark Here  
 06/01/2018

Sent To: **HOME OWNERS**  
 Street, Apt. No., or PO Box No.: **19 ALBA ST**  
 City, State, ZIP+4: **PORTLAND ME 04103**

PS Form 3800, August 2006 See Reverse for Instructions

**SENDER: COMPLETE THIS SECTION**

Also complete



■ Attach this card to the back of the envelope, or on the front if space permits.

1. Article Addressed to:

**HOME OWNERS  
 19 ALBA ST  
 PORTLAND ME 04103**

**CBL: 133 D011  
 INSP: 19 ALBA ST**

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature  
 X *Elly Phillips* Agent Addressee

B. Received by (Printed Name) **Elly Phillips**

C. Date of Delivery **30-3-16**

D. Is delivery address different from item?  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) **7010 1870 0002 8136 7414**

PS Form 3811, July 2013 Domestic Return Receipt