

SENDER: COMPLETE THIS SECTION

- Complete items 1, 2, and 3.
- 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:
 Fulli mahfuz
 30 Woodfield Rd
 Portland, ME 04101



9590 9402 3028 7124 4328 97

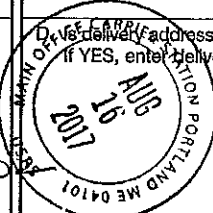
2. Article Number (Transfer from service label)
 7015 3010 0000 0201 0983

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *[Signature]* Agent Addressee

B. Received by (Printed Name) C. Date of Delivery

3. Service Type
 Adult Signature Priority Mail Express®
 Adult Signature Restricted Delivery Registered Mail™
 Certified Mail® Registered Mail Restricted Delivery
 Certified Mail Restricted Delivery Return Receipt for Merchandise
 Collect on Delivery Signature Confirmation™
 Collect on Delivery Restricted Delivery Signature Confirmation Restricted Delivery
 Registered Mail Restricted Delivery (\$500)



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

Domestic Return Receipt

CBL # 140-8014001

USPS TRACKING#

9590 9402 3028 7124 4328 97

United States Postal Service

First-Class Mail
 Postage & Fees Paid
 USPS
 Permit No. G-10

• Sender: Please print your name, address, and ZIP+4® in this box•

City of Portland
 Permitting and Inspections Department
 680 Congress Street
 Portland, Maine 04101

140-8014001