

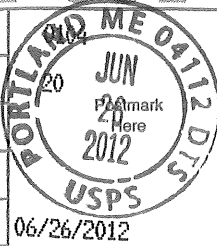
U.S. Postal Service <sup>TM</sup>  
**CERTIFIED MAIL <sup>TM</sup> RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

7008 0500 0001 4587 8843

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

PORTLAND ME 04103  
 Inspections

Postage	\$	\$0.45
Certified Fee		\$2.95
Return Receipt Fee (Endorsement Required)		\$2.35
Restricted Delivery Fee (Endorsement Required)		\$0.00
Total Postage & Fees	\$	\$5.75



Sent To  
 Steven E Mardigan  
 Street, Apt. No.;  
 or PO Box No. 460 Baxter Blvd  
 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:

**Steven E. Mardigan**  
**460 Baxter Blvd**  
**Portland, ME 04103**

**150 C009001**

**COMPLETE THIS SECTION ON DELIVERY**

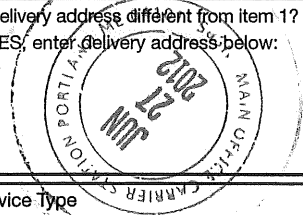
A. Signature  
 X *Mc*  Agent  Addressee

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

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

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)

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