

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

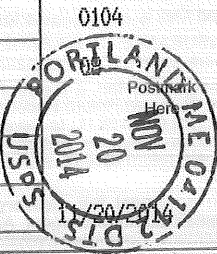
For delivery information visit our website at www.usps.com®

PORTLAND ME 04103

OFFICIAL USE

7010 0780 0000 1493 0144

Postage	\$ 0.49	0104
Certified Fee	\$3.30	
Return Receipt Fee (Endorsement Required)	\$2.70	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
152 C002 Total Postage & Fees INSP	\$ 6.49	



Sent To Allen Ave Plaza
 Street, Apt. No.;
 or PO Box No. 33 ALLEN AVE
 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:

ALLEN AVE PLAZA LLC
33 ALLEN AVE
PORTLAND ME 04103

RE: 152 C002
INSP

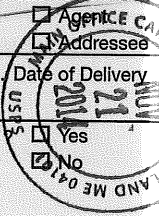
COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X [Signature]

B. Received by (Printed Name) Carol A. [Signature]

C. Date of Delivery NOV 21 2014

D. Is delivery address different from item 1? If YES, enter delivery address below:
 Yes
 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) 7010 0780 0001 1493 0144