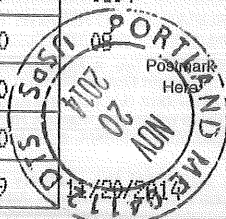


U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

PORTLAND ME 04103

Postage	\$ 0.49	0104
Certified Fee	\$3.30	
Return Receipt Fee (Endorsement Required)	\$2.70	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
159 D022 Total Postage & Fees INSP	\$ 6.49	



7010 0780 0001 1493 0137

Sent To Alicia Smilowicz
 Street, Apt. No.; or PO Box No. 466 Ocean 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:

ALICIA SMILOWICZ
466 OCEAN AVENUE
PORTLAND ME 04103

RE: 159 D022
INSP

COMPLETE THIS SECTION ON DELIVERY

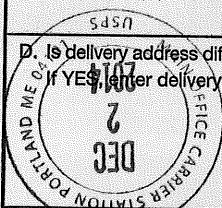
A. Signature Agent
 Addressee

B. Received by (Printed Name) 545N C. Date of Delivery 12/2/14

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)

7010 0780 0001 1493 0137