

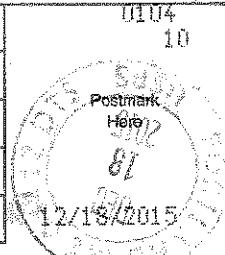
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

PORTLAND ME 04103
OFFICIAL USE

7010 1870 0002 8136 9760

Postage	\$3.45	\$2.80
Certified Fee	\$0.00	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00	\$0.00
160 H025		
Total Postage & Fees	\$3.45	



Sent To **WADE R FLEMING**
 Street, Apt. No., or PO Box No. **16 HALL ST**
 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



1. Article Addressed to:
WADE ROBERT FLEMING
16 HALL ST
PORTLAND MAINE 04103

CBL: 160 H025
INSP: 16 HALL ST

2. Article Number
 (Transfer from service label)

7010 1870 0002 8136 9760

PS Form 3811, July 2013

Domestic Return Receipt

COMPLETE THIS SECTION ON DELIVERY

- A. Signature Agent Addressee
- B. Received by (Printed Name) Agent Addressee
- C. Date of Delivery **12/18/15**
- D. Is delivery address different from item 1? 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