

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

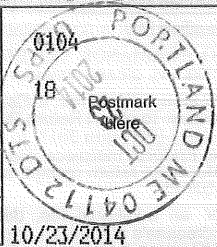
For delivery information visit our website at [www.usps.com](http://www.usps.com)®

PORTLAND ME 04104

**OFFICIAL USE**

7010 3090 0002 3273 7729

Postage	\$ 0.49
Certified Fee	\$3.30
Return Receipt Fee (Endorsement Required)	\$2.70
Restricted Delivery Fee (Endorsement Required)	\$0.00
161 E003 Total Postage & Fees	\$ 6.49



Sent To **SHIR SADRI**  
 Street, Apt. No., or PO Box No. **PO BOX 8301**  
 City, State, ZIP+4 **PORTLAND ME 04104**

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:


**SHIR SADRI**  
**PO BOX 8301**  
**PORTLAND ME 04104**

**RE: 161 E003**  
**INSP**

2. Article Number  
*(Transfer from service label)*

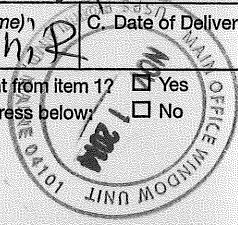
7010 3090 0002 3273 7729

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature   Agent  
 Addressee

B. Received by (Printed Name) **Nowab Shir** 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