

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:

**LAMOUR ISELY
592 WASHINGTON AVE
PORTLAND ME 04103**

RE: 166 C001

2. Article Number

(Transfer from service label)

7013 1090 0002 1737 6618

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540

COMPLETE THIS SECTION ON DELIVERY

A. Signature

X

Agent

Addressee

B. Received by (*Printed Name*)

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

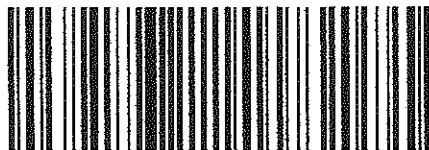
*Strengthening a Remarkable City,
Building a Community for Life*

**PORTLAND
MAINE**

Inspection Services Division

389 Congress Street, RM 315
Portland, Maine 04101-3509

CERTIFIED MAIL™



7013 1090 0002 1737 6618



1000

04103

U.S. POSTAGE
PAID
PORTLAND, ME
04101
DEC 31, 13
AMOUNT

\$6.11

00030643-11

B

*1-4
1-9
1-21*

December 30, 2013

LAMOUR ISELY &
592 WASHINGTON AVE
PORTLAND ME 04103

04103\$5121

**RETURN RECEIPT
REQUESTED**

