

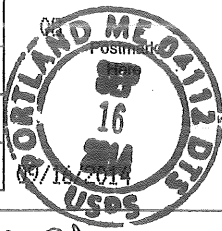
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
(Domestic Mail Only; No Insurance Coverage Provided)

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

CAPE ELIZABETH ME 04107

7012 0470 0002 1928 5785

Postage	\$ 0.49	0104
Certified Fee	\$3.30	
Return Receipt Fee (Endorsement Required)	\$2.70	
Restricted Delivery Fee (Endorsement Required)	\$0.00	
168 D001 Total Postage & Fees	\$ 6.49	



Sent To **SHIR MOHAMMED**

Street, Apt. No., or PO Box No. **41 OCEAN HOUSE RD**

City, State, ZIP+4 **CAPE ELIZABETH ME 04107**

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 MOHAMMED
41 OCEAN HOUSE RD
CAPE ELIZABETH ME 04107

RE: 168 D001
INSP

2. Article Number
(Transfer from service label) **7012 0470 0002 1928 5785**

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee
x Nazia

B. Received by (*Printed Name*) C. Date of Delivery

D. Is delivery address different from item 1? Yes No
 If YES, enter delivery address below:

(Circular postmark: SEP 18 2014)

3. Service Type

<input type="checkbox"/> Certified Mail	<input type="checkbox"/> Express Mail
<input type="checkbox"/> Registered	<input type="checkbox"/> Return Receipt for Merchandise
<input type="checkbox"/> Insured Mail	<input type="checkbox"/> C.O.D.

4. Restricted Delivery? (*Extra Fee*) Yes