

CERTIFIED MAIL®



Yes. Life's good here.

land, Maine

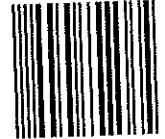
mitting & Inspections Department
389 Congress Street, Room 315
Portland, Maine 04101-3509



7014 1820 0001 4047 0447



1000



04103

U.S. POSTAL SERVICE
JUN 11 2013
R231

1st NOTICE NO 6/8
2nd NOTICE 6-13
RETURNED 6-23

UNCLAIMED

RTS

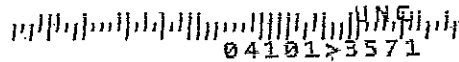
HUGHES RITA B HEIRS
23 INVERNESS ST
PORTLAND, ME 04103

NIXIE

RE UN

CDL 148 E00/001

0410325009 0053



0410173571

BC: 0410173571

168 - 15006001

PLACE STICKER AT TOP OF ENVELOPE TO THE RIGHT OF THE RETURN ADDRESS, FOLD AT DOTTED LINE

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> 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. 	A. Signature X <input type="checkbox"/> Agent <input type="checkbox"/> Addressee
1. Article Addressed to: <i>Rita B. Hughes Heirs 23 Inverness St. Portland, ME 04103</i>	B. Received by (Printed Name) C. Date of Delivery
2. Article Number (Transfer from service label)	D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No
P.S. Form 3811, July 2013	3. Service Type <input checked="" type="checkbox"/> Certified Mail® <input type="checkbox"/> Priority Mail Express™ <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> Collect on Delivery 4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes

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Domestic Return Receipt