

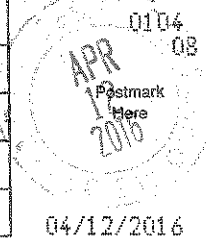
**U.S. Postal Service™**  
**CERTIFIED MAIL™ RECEIPT**  
 (Domestic Mail Only; No Insurance Coverage Provided)

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

PORTLAND, ME 04103

7010 1870 0002 8136 7278

Postage	\$2.70
Certified Fee	\$0.00
Return Receipt Fee (Endorsement Required)	\$0.00
Restricted Delivery Fee (Endorsement Required)	\$0.00
<b>170 B010</b> Total Postage & Fees	\$6.47



04/12/2016

Sent to **VALERIE VANCE**  
 Street, Apt. No., or PO Box No. **886 WASHINGTON AVE**  
 City, State, ZIP+4 **PORTLAND ME 04103**

PS Form 3800, August 2006 See Reverse for Instructions

SENDER: COMPLETE THIS SECTION	COMPLETE THIS SECTION ON DELIVERY
<ul style="list-style-type: none"> <li>Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired.</li> <li>Print your name and address on the reverse so that we can return the card to you.</li> </ul>	<p>A. Signature                  X <i>Min</i></p> <p>B. Received by (Printed Name)</p> <p>C. Date of Delivery                  APR 12 2016</p> <p>D. Is delivery address different from item 1? <input checked="" type="checkbox"/> Yes                  If YES, enter delivery address below: <input type="checkbox"/> No</p>
<p><b>VALERIE VANCE</b>  <b>886 WASHINGTON AVE</b>  <b>PORTLAND ME 04103</b></p> <p>CBL: 170 B010                  INSP: 886 WASHINGTON AVE</p>	<p>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</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>
<p>2. Article Number                  (Transfer from service label)</p>	<p>7010 1870 0002 8136 7278</p>
<p>PS Form 3811, July 2013</p>	<p>Domestic Return Receipt</p>