

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

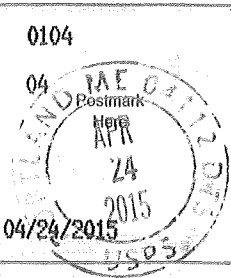
For delivery information visit our website at www.usps.com

PORTLAND ME 04103

OFFICIAL USE

7476 8136 0002 1870 7010

| | |
|---|---------|
| Postage | \$ 0.49 |
| Certified Fee | \$3.30 |
| Return Receipt Fee (Endorsement Required) | \$2.70 |
| Restricted Delivery Fee (Endorsement Required) | \$0.00 |
| 170 B010 Total Postage & Fees | \$ 6.49 |



Sent to **INSP**
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

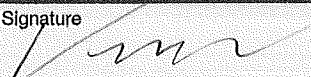
SENDER: COMPLETE THIS SECTION


- Complete 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:
VALERIE VANCE
886 WASHINGTON AVE
PORTLAND ME 04103

RE: 170 B010
INSP: 886 WASHINGTON AVE

COMPLETE THIS SECTION ON DELIVERY

A. Signature Agent Addressee

 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:


3. Service Type^{PS}
 Certified Mail® Priority Mail Express™
 Registered Return Receipt for Merchandise
 Insured Mail Collect on Delivery

4. Restricted Delivery? (Extra Fee) Yes

2. Article Number (Transfer from service label) **7010 1870 0002 8136 7476**