

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

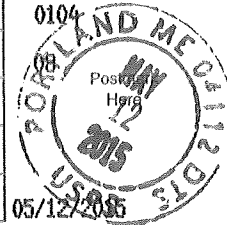
For delivery information visit our website at [www.usps.com](http://www.usps.com).

PORTLAND ME 04102

**OFFICIAL USE**

7010 1870 0002 8136 7735

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
170 B011 INSP Total Postage & Fees	\$	\$6.49



Sent To **GAIL HANNON**  
 Street, Apt. No., or PO Box No. **47 ROUNDABOUT LN**  
 City, State, ZIP+4 **PORTLAND ME 04102**

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:

**GAIL HANNON  
47 ROUNDABOUT LN  
PORTLAND ME 04102**

**RE: 170 B011  
INSP: 884 WASHINGTON AVE**

2. Article Number  
(Transfer from service label)

7010 1870 0002 8136 7735

PS Form 3811, July 2013

Domestic Return Receipt

**COMPLETE THIS SECTION ON DELIVERY**

A. Signature

*Linda Oambrie*

- Agent  
 Addressee

B. Received by (Printed Name)

**LINDA OAMBRIE**

C. Date of Delivery

**MAY 13 2015**

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

3. Service Type

- Certified Mail®  Priority Mail Express™  
 Registered  Return Receipt for Merchandise  
 Insured Mail  Collect on Delivery

4. Restricted Delivery? (Extra Fee)  Yes

