

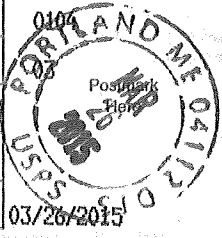
U.S. Postal Service™
CERTIFIED MAIL™ RECEIPT
 (Domestic Mail Only; No Insurance Coverage Provided)

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

PORTLAND ME 04103 **OFFICIAL USE**

7010 1870 0002 8136 7018

Postage	\$	\$0.49
Certified Fee		\$3.30
Return Receipt Fee (Endorsement Required)		\$2.70
Restricted Delivery Fee (Endorsement Required)		\$0.00
172 H002 Total Postage & Fees INSP	\$	\$6.49



Sent To **MICHAEL FLORIDINO**
 Street, Apt. No.; or PO Box No. **35 LAWRENCE 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:

MICHAEL FLORIDINO
35 LAWRENCE AVE
PORTLAND ME 04103

RE: 172 H002
INSP

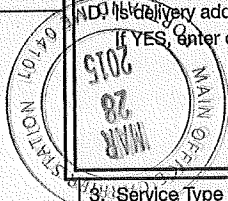
2. Article Number
 (Transfer from service label)

COMPLETE THIS SECTION ON DELIVERY

A. Signature
 X *Michael Floridino* Agent Addressee

B. Received by (Printed Name)
 C. Date of Delivery **3/28/15**

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



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

4. Restricted Delivery? (Extra Fee) Yes

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