

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



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	\$	\$6.49

Sent to Michael Floridino
 Street, Apt. No.,
 or PO Box No. 35 Lawrence Ave
 City, State, ZIP+4 Portland ME 04103

INSP

04/27/2015

PS Form 3800, August 2006 See Reverse for Instructions

7605 8136 9129 0002 2000 0497 0701

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: 35 LAWRENCE AVE

COMPLETE THIS SECTION ON DELIVERY

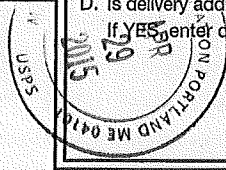
A. Signature Agent
 Mike Floridino Addressee

B. Received by (Printed Name) _____ C. Date of Delivery 4/29/15

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



2. Article Number (Transfer from service label) **7010 1870 0002 8136 7605**